


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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004-2003

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 700095					
1. Corporation Name WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, INC.					
Principal Place of Business C/O BUSH & ASSOC. 1001 ALTERNATE A1A JUPITER FL 33477 US			Mailing Address C/O BUSH & ASSOC. P.O. BOX 9385 WEST PALM BEACH FL 33419 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/1859	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1002972	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHICKAR, KATHLEEN BUSH 1001 ALTERNATE A1A JUPITER FL 33477				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kathleen Bush DATE 3/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUHRSEN, DAVID			1.2 NAME			
STREET ADDRESS	901 S FLAGLER DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARSHFIELD, LARRY			2.2 NAME			
STREET ADDRESS	426 CLAREMORE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM W.			3.2 NAME			
STREET ADDRESS	1126 53RD CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFFY, LAWRENCE			4.2 NAME			
STREET ADDRESS	810 S PALM WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASON, NATHAN E			5.2 NAME			
STREET ADDRESS	11639 HACKBERRY LN.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH. GARDENS FL			5.4 CITY-ST-ZIP			
TITLE	ES	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHICKAR , KATHLEEN BUSH			6.2 NAME			
STREET ADDRESS	1001 ALTERNATE A1A			6.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** DATE 3/9/99 803-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)