FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706552 (7)

1. Corporation Name

ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3325 HENDRICKS AVE STE A JACKSONVILLE FL 32207 US	PO BOX 47546 SUITE A JACKSONVILLE FL 32247 US

3. Date Incorporated or Qualified: 12/16/1963

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 None

2a. Mailing Address
26 PO Box 47546

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 Jacksonville, FL

Zip
24

Country
25

Zip
29 32247

Country
30 USA

4. FEI Number: 59-0734082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, TED S.
1301 S 1ST ST, UNIT 1501
JACKSONVILLE BCH FL 32250

10. Name and Address of New Registered Agent

81 Name: Philip R. Harrison

82 Street Address (P.O. Box Number is Not Acceptable): 580 W. 8th St

83

84 City: Jacksonville, FL 85 Zip Code: 32209

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: Philip R. Harrison — Philip R. Harrison — 4/18/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	MEEK, ROBERT		12 NAME	Jake Olsen	
STREET ADDRESS	1789 GRASSINGTON WAY S		13 STREET ADDRESS	PO Box 5589	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	Jax., FL 32247	
TITLE	SA	☒ DELETE	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	HARRISON, PHILIP R		22 NAME	Ken Weiss	
STREET ADDRESS	12152 DIVING OAK TR W		23 STREET ADDRESS	3729 Southside Blvd	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	Jax., FL 32216	
TITLE	SD	☒ DELETE	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	CALLENDER, JOHN F		32 NAME	Philip R. Harrison	
STREET ADDRESS	1745 WOODMERE DR		33 STREET ADDRESS	580 W. 8th St	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	Jax., FL 32209	
TITLE	PED	☒ DELETE	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	OLSEN, JAKE N		42 NAME	Alan Harmon	
STREET ADDRESS	4786 SANDY RUN LN N		43 STREET ADDRESS	1610 Barrs St.	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	Jax., FL 32204	
TITLE	VD	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FRIEDERICH, A. PAUL		52 NAME		
STREET ADDRESS	2422 SEGOVIA AVE		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		54 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	WEISS, KENNETH Z		62 NAME		
STREET ADDRESS	7653 WINDWARD WAY W		63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: C. Robert Meek — Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)