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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 JACKSONVILLE FL 32247-7546 US

3. Date Incorporated or Qualified: 12/16/1963
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 NONE
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

HARRISON, PHILIP R.
580 W. 8TH ST.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name: Mike Darragh
82 Street Address (P.O. Box Number is Not Acceptable): 1023 Brookwood Rd.
83
84 City: Jacksonville FL 85 Zip Code: 32207

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: Mike Darragh, Secretary — Mike Darragh — DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLSEN, JAKE PO BOX 5689 N/A JACKSONVILLE FL 32247	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President D John Callender PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEISS, KEN 3729 SOUTHSIDE BLVD. JACKSONVILLE FL 32216	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President D Alan Harmon PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRISON, PHILIP R. 580 W. 8TH ST. JACKSONVILLE FL 32209	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary D Mike Darragh PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARMON, ALAN 1610 BARRS ST. JACKSONVILLE FL 32204	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer D Bob Massey, Jr. PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRIEDERICH, A. PAUL 2422 SEGOVIA AVE JACKSONVILLE BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President Elect D Joe Ripley PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEISS, KENNETH Z 7653 WINDWARD WAY W JACKSONVILLE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Board Member D Jeff Edwards PO Box 47546 (N/A) Jacksonville, FL 32247	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Mike Darragh Secretary REQUIRED — Mike Darragh — 4/23/97 — (904)739-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #