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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 None	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DARRAGH, MIKE
1023 BROOKWOOD RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Jeff Edwards
82 Street Address (P.O. Box Number is Not Acceptable): 836 Prudential Dr.
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: Jeff Edwards, Secretary — 5/26/98
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	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	CALLENDER, JOHN		1.2 NAME	Joe Ripley	
STREET ADDRESS	P.O. BOX 47546 N/A		1.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	VPD	☒ DELETE	2.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	HARMON, ALAN		2.2 NAME	Maury Pilver	
STREET ADDRESS	P.O. BOX 47546 N/A		2.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary - D	☒ Change ☐ Addition
NAME	DARRAGH, MIKE		3.2 NAME	Jeff Edwards	
STREET ADDRESS	P.O. BOX 47546 N/A		3.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer - D	☒ Change ☐ Addition
NAME	MASSEY, BOB J		4.2 NAME	Scott Keith	
STREET ADDRESS	P.O. BOX 47546 N/A		4.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	PED	☒ DELETE	5.1 TITLE	President Elect - D	☒ Change ☐ Addition
NAME	RIPLEY, JOE		5.2 NAME	Mike Darragh	
STREET ADDRESS	P.O. BOX 47546 N/A		5.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	BMD	☒ DELETE	6.1 TITLE	Board Member - D	☒ Change ☐ Addition
NAME	EDWARDS, JEFF		6.2 NAME	Robert Talley	
STREET ADDRESS	P.O. BOX 47546 N/A		6.3 STREET ADDRESS	Po Box 47546 (N/A)	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jax, FL 32247	

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.

SIGNATURE: [signature] (904) 396-4105

CR2E037 (10/97)