FILE NOW: FILING FEE IS $61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90128 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706552

1. Corporation Name
ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
~~3985 HENDRICKS AVE~~ delete ~~STE A~~ ~~JACKSONVILLE FL 32207~~ ~~US~~	PO BOX 47546 JACKSONVILLE FL 32247 US

2. Principal Place of Business 21 None	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/16/1963	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0734082	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

EDWARDS, JEFF
836 PRUDENTIAL DR
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**

81 Name: Scott P. Keith
82 Street Address (P.O. Box Number is Not Acceptable): 3946 W. Cattail Pond Cir
83
84 City: Jacksonville FL 85 Zip Code: 32224

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: Scott P. Keith, Secretary — DATE: 2-9-99
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	PD	☒ DELETE	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	RIPLEY, JOE		1.2 NAME	Mike Darragh	
STREET ADDRESS	P O BOX 47546 N/A		1.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		1.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	VPD	☒ DELETE	2.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	PILVER, MAURY		2.2 NAME	Mayo Mills	
STREET ADDRESS	P.O. BOX 47546 N/A		2.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		2.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary - D	☒ Change ☐ Addition
NAME	EDWARDS, JEFF		3.2 NAME	Scott P. Keith	
STREET ADDRESS	P.O. BOX 47546 N/A		3.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		3.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer - D	☒ Change ☐ Addition
NAME	KEITH, SCOTT		4.2 NAME	Jeff Edwards	
STREET ADDRESS	P.O. BOX 47546 N/A		4.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		4.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	PD	☒ DELETE	5.1 TITLE	President-Elect - D	☒ Change ☐ Addition
NAME	DARRAGH, MIKE		5.2 NAME	Ken Weiss	
STREET ADDRESS	P.O. BOX 47546 N/A		5.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		5.4 CITY-ST-ZIP	Jax, FL 32247	
TITLE	D	☒ DELETE	6.1 TITLE	Board Member - D	☒ Change ☐ Addition
NAME	TALLEY, ROBERT		6.2 NAME	Susan Schondelmaier	
STREET ADDRESS	P.O. BOX 47546 N/A		6.3 STREET ADDRESS	Po Box 47546 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32247		6.4 CITY-ST-ZIP	Jax, FL 32247	

CR2E037 (11/98)

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: ~~SCOTT P. KEITH~~ ~~REQUIRED~~ — 1-29-99 — (904) 396-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #