

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 # 713528 (8)
1. Corporation Name
LAKELAND ROTARY CLUB SCHOLARSHIP FUND, INC.



Principal Place of Business
SCHOLARSHIP FUND INC
P.O. BOX 2171
LAKELAND FL 33806

Mailing Address
SCHOLARSHIP FUND INC
P.O. BOX 2171
LAKELAND FL 33806

3. Date Incorporated or Qualified
10/26/1967

3a. Date of Last Report
07/03/1995

4. FEI Number
59-0520288

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

GOLDEN, FREDERIC O
922 E. PALMETTO ST.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, ROBERT	
STREET ADDRESS	2025 SYLVESTER ROAD E-2	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RUTHVEN, J. GREG	
STREET ADDRESS	1416 BRIARWOOD LANE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDEN, FREDERIC O	
STREET ADDRESS	922 E. PALMETTO ST.	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	COWLEY, WESLEY H	
STREET ADDRESS	625 HAWTHORNE TRAIL	
CITY - ST - ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALE, ALLEN	
STREET ADDRESS	4515 SCOTTWOOD DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOCKER, PATRICIA M	
STREET ADDRESS	1524 MARIENER ROAD	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Frederic O. Golden* Frederic O. Golden

2/19/96

(941) 688-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)