


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713528** (8)

1. Corporation Name

LAKELAND ROTARY CLUB SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

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

SCHOLARSHIP FUND INC
P.O. BOX 2171
LAKELAND FL 33806-2171



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/26/1967	3a. Date of Last Report 02/22/1996
				4. FEI Number 59-0520288	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROBERT	1.2 NAME	Tarver, Edward J.
STREET ADDRESS	2025 SYLVESTER ROAD E-2	1.3 STREET ADDRESS	5155 Lake-in-the-Woods
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHVEN, J. GREG	2.2 NAME	Golden, Frederic O.
STREET ADDRESS	1416 BRIARWOOD LANE	2.3 STREET ADDRESS	922 E. Palmetto St
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, FREDERIC O	3.2 NAME	Rhoads, Russell W.
STREET ADDRESS	922 E. PALMETTO ST.	3.3 STREET ADDRESS	821 E Oleander St
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWLEY, WESLEY H	4.2 NAME	Hendler, Patricia A.
STREET ADDRESS	625 HAWTHORNE TRAIL	4.3 STREET ADDRESS	7131 Pinedale Drive
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALE, ALLEN	5.2 NAME	Jones, Mary Ann
STREET ADDRESS	4515 SCOTTWOOD DR.	5.3 STREET ADDRESS	1933 High Vista Dr
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DOCKER, PATRICIA M	6.2 NAME	
STREET ADDRESS	1524 MARIENER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

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: *Frederic O. Golden* **Frederic O. Golden**

4-29-97

(941) 688-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052810

CR2E037 (9/96)