

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90056 030 \*\*\*\*61.25

**DOCUMENT # 713528**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/26/1967

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

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	TARVER, EDWARD J	
STREET ADDRESS	5155 LAKE-IN-THE-WOODS	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOLDEN, FREDERIC O	
STREET ADDRESS	922 E PALMETTO ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RHOADS, RUSSELL W	
STREET ADDRESS	821 E OLEANDER ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	HENDLER, PATRICIA A	
STREET ADDRESS	7131 PINEDALE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, MARY A	
STREET ADDRESS	1933 HIGH VISTA 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 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/99 941-688-3650  
Date Daytime Phone #

CR2E037 (11/98)