FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:05

DOCUMENT # 714223 (5)

1. Corporation Name
NICEVILLE-VALPARAISO ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
4400 HWY 20 SUITE 312 NICEVILLE FL 32578 US	~~SUITE 31220~~ P.O. BOX 388 NICEVILLE FL ~~32578~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1968
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-6153587 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 388
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip 32578 / 30 Country

9. Name and Address of Current Registered Agent

HERNDON, D. TIMOTHY
4400 HWY 20
SUITE 312
NICEVILLE FL 32578

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE D. Timothy Herndon — D. T. Herndon — 2/2/95
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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~D. TIMOTHY HERNDON~~	1.2 NAME	Herbert G. Salisbury III	
STREET ADDRESS	~~4400 HWY 20, STE 312~~	1.3 STREET ADDRESS	908 S. Palm Blvd.	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	~~SALISBURY, HERB~~	2.2 NAME	Harley M. Buxbee III	
STREET ADDRESS	~~908 S. PALM BLVD.~~	2.3 STREET ADDRESS	P. O. Box 517 N/A	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	~~POWELL, JIM~~	3.2 NAME	K. Ward Saxon III	
STREET ADDRESS	~~1020 JOHN SIMS PKY.~~	3.3 STREET ADDRESS	P. O. Box 5 N/A	
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~GONTAREK, JENNY~~	4.2 NAME	Richard G. Boyd	
STREET ADDRESS	~~1010 JOHN SIMS PKY.~~	4.3 STREET ADDRESS	P. O. Box 366 N/A	
CITY-ST-ZIP	NICEVILLE FL 32578	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HARRIS, MARIA~~	5.2 NAME	Scott Jackson	
STREET ADDRESS	~~PO BOX 280 N/A~~	5.3 STREET ADDRESS	1057 E. John C. Sims Pkwy.	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HERDEN, RAIMUND	6.2 NAME		
STREET ADDRESS	124 CANTERBURY CIR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578	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)(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: Herbert G. Salisbury 2-9-95 904-678-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072585