

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

P O BOX 388
P.O. BOX 388
NICEVILLE FL 32588
US

3. Date Incorporated or Qualified
03/08/1968

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 107 JUNIPER ST

26

4. FEI Number
59-6153587

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 NICEVILLE, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32578

25 Country US

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4502 A HWY 20

83

84 City

NICEVILLE

FL

85 Zip Code

32578

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 P
NAME SALISBURY, HERBERT G III
STREET ADDRESS 908 S PALM BLVD
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BUXBEE, HARLEY M III
STREET ADDRESS P O BOX 517 N/A
CITY-ST-ZIP NICEVILLE FL ☐ DELETE

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME SAXON, K WARD III
STREET ADDRESS P O BOX 5 N/A
CITY-ST-ZIP NICEVILLE FL ☐ DELETE

3.1 TITLE TD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME BOYD, RICHARD G
STREET ADDRESS P O BOX 366 N/A
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACKSON, SCOTT
STREET ADDRESS 1057 E JOHN C SIMS PKWY
CITY-ST-ZIP NICEVILLE FL ☐ DELETE

5.1 TITLE YD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME HERDEN, RAIMUND
STREET ADDRESS 124 CANTERBURY CIR.
CITY-ST-ZIP NICEVILLE FL 32578 ☒ DELETE

6.1 TITLE SD
6.2 NAME STEVE GARDNER
6.3 STREET ADDRESS 617 SAMANA WAY
6.4 CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

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:

K. Ward Saxon III

K. WARD SAXON III 1-18-96

(904) 678-4244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)