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May 15 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 # **714223** (5)

1. Corporation Name

NICEVILLE-VALPARAISO ROTARY CLUB, INC.

Principal Place of Business

**107 JUNIPER ST.
NICEVILLE FL 32578
US**

Mailing Address

**P O BOX 388
P.O. BOX 388
NICEVILLE FL 32588-0388
US**

3. Date Incorporated or Qualified
03/08/1968

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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
4502 A HWY. 20
NICEVILLE FL 32578**

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 **SD** ☒ DELETE
NAME **SALISBURY, HERBERT G III**
STREET ADDRESS **617 SAMANA WAY**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **TD** ☐ DELETE
NAME **SAXON, K WARD III**
STREET ADDRESS **P O BOX 5 N/A**
CITY-ST-ZIP **NICEVILLE FL 32588-0005**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PD ☐ Change ☒ Addition
STEVE GARDNER
617 SAMANA WAY
NICEVILLE, FL 32578

VD ☐ Change ☒ Addition
GUDRUN BARTON
1138 JOHN SIMS PKWY
NICEVILLE, FL 32578

☐ Change ☐ Addition

SD ☐ Change ☒ Addition
SHEPHERD BRADLEY
P.O. Box 254
VALPARAISO, FL 32580

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an appointment with an address.

SIGNATURE

K. WARD SAXON III
TREASURER

1-30-97 (904) 678-4244

CR2E037 (9/96)