


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **714223** (5)

1. Corporation Name

**NICEVILLE-VALPARAISO ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

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

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



<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>28</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified

**03/08/1968**

**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.** Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER, STEVE</b>	1.2 NAME	
STREET ADDRESS	<b>617 SAMANA WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTON, GUDRUN</b>	2.2 NAME	
STREET ADDRESS	<b>1138 JOHN SIMS PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	2.4 CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAXON, K WARD III</b>	3.2 NAME	
STREET ADDRESS	<b>P O BOX 5 N/A</b>	3.3 STREET ADDRESS	<b>107 JUNIPER ST</b>
CITY-ST-ZIP	<b>NICEVILLE FL</b>	3.4 CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPHERD, BRADLEY</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 254 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARISO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>BAR NELSON</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1151 MUIRFIELD WAY</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>BILL READDY</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>221 ANTIQUA WAY</b>
			<b>NICEVILLE, FL 32578</b>

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 recorder 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.

**K. WARD SAXON III**

**1-22-98**

**900-670-1211**

CR2E037 (10/97)