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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90170 003 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 714223**

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  
US

494240 - 90170 - 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 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 ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HERNDON, D. TIMOTHY  
4502 A HWY. 20  
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 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 **VD** ☐ DELETE

NAME **NELSON, BOB**  
STREET ADDRESS **1151 MUIRFIELD WAY**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **PD** ☒ DELETE

NAME **BARTON, GUDRUN**  
STREET ADDRESS **1138 JOHN SIMS PKWY**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **TD** ☐ DELETE

NAME **SAXON, K WARD III**  
STREET ADDRESS **107 JUNIPER ST**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☒ DELETE

NAME **READDY, BILL**  
STREET ADDRESS **221 ANTIQUA WAY**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **SD** ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**MORTON, NOBLE**  
**2410 ROCKY SHORES DR**  
**NICEVILLE, FL 32578**

**GERBER, Jim**  
**810 MAGNOLIA SHORES DR**  
**NICEVILLE, FL 32578**

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: **K. WARD Saxon III** **4/29/99** **850-678-4244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)