

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716324 (9)

1. Corporation Name

ROTARY CLUB OF SEMINOLE CHARITABLE FUND, INC.

Principal Place of Business

Mailing Address

10856 ANTILLES DRIVE
P.O. BOX 3313
SEMINOLE FL 34642-7313

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P.O. BOX 3313
SEMINOLE FL 34642-7313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1969

3a. Date of Last Report

07/11/1994

4. FEI Number

23-7033683

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. 192.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDNEY WERNER
3151 3RD AVE NORTH #301
ST PETERSBURG FL 33713

81 Name

JOHN M. ELIAS

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

7128 119TH ST N

83

84 City

SEMINOLE

FL

85 Zip Code

34642

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MASSARO JR., FRANK
STREET ADDRESS 3078 131ST STREET, NORTH
CITY - ST - ZIP SEMINOLE FL

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

TITLE DV
NAME DEVOS, LOUIS
STREET ADDRESS 10970 88TH AVENUE, NORTH
CITY - ST - ZIP SEMINOLE FL

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

TITLE DS
NAME STEPHENSON, AL
STREET ADDRESS 9001 134 WAY NORTH
CITY - ST - ZIP SEMINOLE FL

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

TITLE D
NAME TAYLOR, WENDELL
STREET ADDRESS 9021 BAYWOOD PARK DRIVE
CITY - ST - ZIP SEMINOLE FL

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

TITLE D
NAME WHITNEY, LORIE
STREET ADDRESS 13484 100 AVENUE, NORTH
CITY - ST - ZIP SEMINOLE FL

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

TITLE D
NAME MORRIS, CJ
STREET ADDRESS 13002 SEMINOLE BLVD.
CITY - ST - ZIP LARGO FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TOM LIMMOTH, TREAS

4/26/95

813-393-6709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #