

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 716324 (9)
1. Corporation Name
ROTARY CLUB OF SEMINOLE CHARITABLE FUND, INC.



Principal Place of Business

Mailing Address

~~16056 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 04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	23-7033683	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

ELIAS, JOHN M.
7128 119TH ST N
SEMINOLE FL 34642

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DS
NAME	JOHN DENMARK	1.2 NAME	
STREET ADDRESS	11803 PINEDLE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	D
NAME	DEVOS, LOUIS	2.2 NAME	
STREET ADDRESS	10970 88TH AVENUE, NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	D
NAME	STEPHENSON, AL	3.2 NAME	CLAUDE McMULLEN
STREET ADDRESS	9001 134 WAY NORTH	3.3 STREET ADDRESS	8982 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DT	4.1 TITLE	DT
NAME	LIMROTH TOM	4.2 NAME	JOHN M. MARTINOVICH
STREET ADDRESS	11020 SEMINOLE BLVD	4.3 STREET ADDRESS	10658 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL 33778
TITLE	D	5.1 TITLE	DP
NAME	WHITNEY, LORIE	5.2 NAME	JAMES REESE III
STREET ADDRESS	13464 100 AVENUE, NORTH	5.3 STREET ADDRESS	6767 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE FL, 33772
TITLE	DV	6.1 TITLE	D
NAME	GORDON, MILLER	6.2 NAME	
STREET ADDRESS	14367 87TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CP2E037 (4/97)