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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 716324

1. Corporation Name
ROTARY CLUB OF SEMINOLE CHARITABLE FUND, INC.

504263 - 90130 - 25

Principal Place of Business	Mailing Address
P O BOX 3313 SEMINOLE FL 34642-7313 US	P O BOX 3313 SEMINOLE FL 34642-7313 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 33775 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33775 Country 30

3. Date Incorporated or Qualifed
04/07/1969

4. FEI Number
23-7033683
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHN DENMARK		1.2 NAME	AL STEPHENSON	
STREET ADDRESS	11603 PINEDLE AVE		1.3 STREET ADDRESS	9001 134 WAY N.	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DEVOS, LOUIS		2.2 NAME	MICHELLE MULLISSEY	
STREET ADDRESS	10970 88TH AVENUE, NORTH		2.3 STREET ADDRESS	13593 91 AVE N.	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MCMULLEN, CLAUDE		3.2 NAME	JEFF GRAVES	
STREET ADDRESS	8982 SEMINOLE BLVD		3.3 STREET ADDRESS	7779 STARKEY RD	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	DT	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MARTINOVICH, JOHN M		4. 2 NAME		
STREET ADDRESS	10658 SEMINOLE BLVD		4.3 STREET ADDRESS	801 WEST BAY DRIVE SUITE 200	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	LARGO, FL 33770	
TITLE	DP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	REESE, JAMES I		5.2 NAME	W. ROBERT DICKEY	
STREET ADDRESS	6767 SEMINOLE BLVD		5.3 STREET ADDRESS	220 SEMINOLE MALL OPC CTR	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	DV	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GORDON, MILLER		6.2 NAME	W. STANLEY MOORE	
STREET ADDRESS	14367 87TH AVE N		6.3 STREET ADDRESS	1000 79TH ST. S	
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/29/99 727-501-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #