

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 718061 (5)

1. Corporation Name

ROTARY CLUB OF BOYNTON BEACH, INC.

Principal Place of Business

Mailing Address

1100 SOUTH FEDERAL HWY
~~PO BOX 1000~~
BOYNTON BEACH FL 33435

1100 SOUTH FEDERAL HWY
~~PO BOX 1000~~
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1970

3a. Date of Last Report
04/05/1994

4. FEI Number
59-6155189

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1100 S. FEDERAL HWY

25 P.O. Box 357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27

City & State

City & State

23 BOYNTON BEACH FLA

28 BOYNTON BEACH FLA

Zip

Country

Zip

Country

24 33435

25 USA

29 33425-0357

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, GEORGE C.
1100 SOUTH FEDERAL HWY #3
BOYNTON BEACH FL 33435

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CEARLEY, CALVIN L
3717 W. BOYNTON BCH BLVD
BOYNTON BCH FL

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

P
WILKINS, MAX A.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DAVIS, GEORGE C.
1100 S FED HWY
BOYNTON BCH. FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CAPPELLA, ARTHUR J
1100 S FEDERAL HWY
BOYNTON BCH. FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JAEGER, DONALD J
206 CITRUS TRAIL
BOYNTON BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
RATCLIFF, DAVID
9135 INDIAN RIVER RUN
BOYNTON BEACH FLA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALEEL, KENNETH M
88 SOUTH ISLAND DR.
BOYNTON BEACH FL

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

86 SOUTH ISLAND DR

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FLEMING, DEAN R
2310 S.E. 2ND STREET
BOYNTON BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

D
WITTIG, CHRIS W.
6336 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL

☒ Change ☐ Addition

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 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print Name)