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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719653** (8)

1. Corporation Name

**ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 485  
WINTER HAVEN FL 33880

P.O. BOX 485  
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

**11/06/1970**

4. FEI Number

**59-1350055**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURR**  
**UBRR, DIANE J.**  
**410 1ST STREET SOUTH**  
**WINTER HAVEN FL 33880**

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**  
NAME **PHILLIPS, ROBERT**  
STREET ADDRESS **927 N. LAKE OTIS DRIVE**  
CITY - ST - ZIP **WINTER HAVEN FL 33884**

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

TITLE **D**  
NAME **JOINER, JAMES T.**  
STREET ADDRESS **P.O. DRAWER 230**  
CITY - ST - ZIP **WINTER HAVEN FL**

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

TITLE **SDP**  
NAME **O'SHEA, MARILYN**  
STREET ADDRESS **2241 FIRESTONE PLACE**  
CITY - ST - ZIP **WINTER HAVEN FL 33880**

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

TITLE **T**  
NAME **HAGLER, ROBERT J.**  
STREET ADDRESS **P.O. BOX 485 NA**  
CITY - ST - ZIP **WINTER HAVEN FL**

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

TITLE **P**  
NAME **CHANEY, JOHN**  
STREET ADDRESS **203 COLLIER DR SE**  
CITY - ST - ZIP **WINTER HAVEN FL**

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

TITLE **D**  
NAME **KING, MARCIA**  
STREET ADDRESS **311 3RD ST NW**  
CITY - ST - ZIP **WINTER HAVEN FL**

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

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.

SIGNATURE: **Phyllis Phillips**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #

CR2E037 (10/97)