

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **719653**

1. Corporation Name

ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED

Principal Place of Business

P.O. BOX 485
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 485
WINTER HAVEN FL 33880

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 007 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/06/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1350055

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURR, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **William May** ☐ Change ☒ Addition
1.2 NAME **9 Lake Link DR SE**
1.3 STREET ADDRESS **Winter Haven FL 33884**
1.4 CITY-ST-ZIP

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

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

TITLE **SDP** ☒ DELETE
NAME **O'SHEA, MARILYN**
STREET ADDRESS **PO DRAWER 7608 N/A**
CITY-ST-ZIP **WINTER HAVEN FL 33883**

3.1 TITLE **Kim Edwards** ☐ Change ☒ Addition
3.2 NAME **231 Kilmer Lane**
3.3 STREET ADDRESS **Winter Haven FL 33884**
3.4 CITY-ST-ZIP

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

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

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

5.1 TITLE **Larry Helms** ☐ Change ☒ Addition
5.2 NAME **152 Lake Otis Dr**
5.3 STREET ADDRESS **Winter Haven FL 33884**
5.4 CITY-ST-ZIP

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

6.1 TITLE **Diane Burr** ☐ Change ☒ Addition
6.2 NAME **410 1st St SE**
6.3 STREET ADDRESS **Winter Haven FL 33880**
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 19.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

800-678-7411

CR2E037 (5/99)