FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721231 (9)

1. Corporation Name

LAKE WORTH ROTARY CLUB SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
1237 S C ST. LAKE WORTH FL 33460	1237 S C ST. LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1971
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-0679177 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

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

9. Name and Address of Current Registered Agent

BANTING, FRITZ
2414 S.W. FIRST STREET
BOYNTON BEACH 33435

10. Name and Address of New Registered Agent

81 Name: DR. BOB MARSHALL
82 Street Address (P.O. Box Number is Not Acceptable): 225 So. FEDERAL HWY
83
84 City: LAKE WORTH FL 85 Zip Code: 33460

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: DR. BOB MARSHALL — Dr. Bob Marshall — MARCH 8, 1995
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	PD	1.1 TITLE	P.D ☒ Change ☐ Addition
NAME	FRITZ, BANTING	1.2 NAME	DR. BOB MARSHALL
STREET ADDRESS	2414 SW FIRST STREET	1.3 STREET ADDRESS	225 So. FEDERAL HWY
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FLA. 33460
TITLE	T	2.1 TITLE	T. ☒ Change ☐ Addition
NAME	FEARNLEY, JAY	2.2 NAME	RON LEEDS
STREET ADDRESS	1203 N DIXIE HWY	2.3 STREET ADDRESS	8983 INDIAN RIVER RUN
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FLA. 33437
TITLE	D	3.1 TITLE	D. ☒ Change ☐ Addition
NAME	COATES, JOE	3.2 NAME	HARRY SEIFERT
STREET ADDRESS	113 N M ST	3.3 STREET ADDRESS	1919 NO. DIXIE HWY
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FLA. 33460
TITLE	D	4.1 TITLE	D. ☒ Change ☐ Addition
NAME	COSTELLO, SANDY	4.2 NAME	ROD MOE
STREET ADDRESS	476 GLENBROOK DR.	4.3 STREET ADDRESS	NO. J ST
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	LAKE WORTH, FLA 33460
TITLE	VP	5.1 TITLE	V.P. ☒ Change ☐ Addition
NAME	SIEW, BAL	5.2 NAME	ROBERT MCGILL
STREET ADDRESS	20 S FEDERAL HWY	5.3 STREET ADDRESS	333 So. 3rd ST.
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LANTANA, FLA. 33462
TITLE	S	6.1 TITLE	SECT, ☐ Change ☐ Addition
NAME	KONWINSKI, JOE	6.2 NAME	
STREET ADDRESS	1237 S C ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	SAME

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)(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: JOSEPH R. KONWINSKI / Joseph R. Konwinski MARCH 13, 1995 407-582-3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060787