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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724560** (8)

1. Corporation Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

2310 W. BAY DR.
LARGO FL 34640
US

PO BOX 1624
LARGO FL 34649
US

3. Date Incorporated or Qualified

10/13/1972

4. FEI Number

23-7280153

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip **33770** Country

Zip **33779** Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, EDWIN
2310 W. BAY DRIVE
LARGO FL 34640-

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code
33770

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	<input type="checkbox"/> DELETE
NAME	FORD, EDWIN	
STREET ADDRESS	2310 W.BAY DRIVE	
CITY-ST-ZIP	LARGO FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, AMY	
STREET ADDRESS	1485 S FORT HARRISON AVENUE	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JEFF	
STREET ADDRESS	5851 42ND AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROUCH, SANDRA	
STREET ADDRESS	350 EAST BAY DR	
CITY-ST-ZIP	LARGO FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SPELL, WILLIAM	
STREET ADDRESS	2293 INDIAN AVE NORTH	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALAND, PAT	
STREET ADDRESS	11193 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/D Patricia France
2.3 STREET ADDRESS	104 Crestwood Lane
2.4 CITY-ST-ZIP	Largo FL 33770

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D Crouch, Sandra
4.3 STREET ADDRESS	350 East Bay Dr.
4.4 CITY-ST-ZIP	Largo, FL 33770

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

Sandra M. Crouch

813-585-3111 x151

CR2E037 (10/97)