

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

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DOCUMENT # 724560

1. Corporation Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

Principal Place of Business

2310 W. BAY DR.  
LARGO FL 33770  
US

Mailing Address

PO BOX 1624  
LARGO FL 33779  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/13/1972

4. FEI Number

23-7280153

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

9. Name and Address of Current Registered Agent

FORD, EDWIN  
2310 W. BAY DRIVE  
LARGO FL 34640

10. Name and Address of New Registered Agent

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

11/21/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FORD, EDWIN  
STREET ADDRESS 2310 W.BAY DRIVE  
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE SD  
NAME FRANCE, PATRICIA  
STREET ADDRESS 104 CREITWOOD LN  
CITY-ST-ZIP LARGO FL 33770

☒ DELETE

TITLE PD  
NAME CROUCH, SANDRA  
STREET ADDRESS 350 EAST BAY DR  
CITY-ST-ZIP LARGO FL 33770

☒ DELETE

TITLE D  
NAME SPELL, WILLIAM  
STREET ADDRESS 2293 INDIAN AVE NORTH  
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640

☐ DELETE

TITLE P  
NAME ANTHONY MAZZONE  
STREET ADDRESS 10339 IMPERIAL POINT DRIVE E.  
CITY-ST-ZIP LARGO, FL. 33774

☐ DELETE

TITLE VP  
NAME Christopher J. Ezze  
STREET ADDRESS 10244 130th Way  
CITY-ST-ZIP LARGO, FL. 34644

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D  
Dr. Thomas P. Elliott  
9277 Elm Circle  
Seminole, Fl. 34646

☐ Change ☒ Addition

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

D  
Norman E. Demers  
3266 Overlook Drive  
Largo, Fl. 33770

☐ Change ☒ Addition

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

D  
Mort Stern  
10249 Imperial Point Drive E  
Largo, Fl. 33774

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)