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NONPROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1-2

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(9)

PORT CHARLOTEE ROTARY CLUB INC

ronic	MINIEOTEE HOTAIN OFFI			•					
Principal Place	of Business	Mailing Address					4911 WIÐII WIÐI	i 418is Blått A	1911 PIWIT 1881
222 NESBIT ST. P.O. BOX 308 PUNTA GORDA FL 33950		222 NESBIT ST.							
		P.O. BOX 308 PUNTA GORDA FL 33950							
					3. Date Incorporated or Qualified 01/29/1973 3a. Date of Last Report 06/20/1995				
	10	2a. Mailing Address				4. FEI Number		Ar	polied For
Z. Principal Flace of Desirious					59-6155120		No	t Applicable	
<u></u>		Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired			Additional
Suite, Apt. #, etc. 27					S. Cortinoaco o Carios			equired	
City & State City & State						6. Election Campaign Financing		4	May Be
28						Trust Fund Contribution Added to rees			
Zıp	Zip Country Zip Cou			ntry		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30			10. Name and Address of New Ro			
	9. Name and Address of Currer	ır Dağıstaran Wâaiir		81	Name				
						ess (P.O. Box Number is Not Acceptable	n)		
	SKY, ROGER J.			82	Street Addri	ess (P.O. DOX NUMBER IS NOT Acceptable			
222 NES	SBIT ST.			83					
PORT C	HARLOTTE FL 33950				0.4.			85 Zip	Code
				84	City		FL	1 1	
or register familiar wi	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec Signature, typed or pointed name of registered agen	tion 617.0503, Fiorida Statute	98.		oration's boar	ation submits this statement for the pur of of directors. I hereby accept the appoint dwhen renstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	D	(X)X)ELETE	1.1 31	11LE	-	D	ı	Change	XX Addition
NAME	SCHEU, CHARLES		1.2 N	AME		WINSON, DAVID M.			
STREET ADDRESS	268 COLONY POINT DRIVE		1.3 S	TREET	TOP TESS	18528 ALPHONSE CIR	-		
CITY-ST-ZIP	PUNTA GORDA FL					PORT CHARLOTTE, FL 33948		Change	XXAddition
TITLE	VPD	XX) DELETE	2.1 T			VP D	'		_
NAME	JONES, ROGER			IAME		WALLACE, WAYNE L.			
STREET ADDRESS	574 SPRING LAKE BLVD					22223 BUFFALO AVE			
CITY-SY-ZIP	PORT CHARLOTTE FL	DELETE	2.4 U		ST-ZIP	PORT CHARLOTTE, FL 33952		Change	☐ Addition
TITLE	D TAVIAN OFONOE	Descri		NAME					
NAME	TAYLOR, GEORGE 26146 MADRAS CT				T ADDRESS				
STREET ADDRESS	PIUNTA GORDA FL				ST-ZIP				
TITLE	D PUNIA GUNDA FL	DELETE		TITLE		DP		Change	Addition
NAME	CLAYMAN, BARBARA	-	4.2	NAME		<i>.</i>			
STREET ADDRESS	ALC DIA DE DAT				T ADDRESS				
CITY-ST-ZIP	CHARLOTTE HARBOR FL				ST-ZIP			Change	XXAddition
TITLE	D	XX DELETE		TITLE	I .	D		☐ cuminge	[V] Azecution
NAME	TAUNTON, THOMAS E.			NAME	I	HOLMES, DAVID			
STREET ADDRESS	21300 BRINSON AVE, APT.	112				18439 WAYNE AVE			
CITY-ST-21P	PORT CHARLOTTE FL					PORT CHARLOTTE, FL 33948	l	☐ Change	Addition
TITLE	D	DELETE		TITLE					
NAME	TENNANT, RICHARD S.		1	NAME					
STREET ADDRESS	IREET ADDRESS Z1407 STIMINION AVE				ET ADDRESS SI-ZIP				
1	DODE CUADIOTIC EL		■ K.4	LAIF-	ar-tit I				

PORT CHARLOTTE FL

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)(k), 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 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 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 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 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 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 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 under under 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 under under certify that the information indicated on this annual report or supplemental annual repo

SIGNATURE: SIGNATURE AND TYPED OR PRIN

ROGER J. MCCLUSKY, TREASURER

(941) 639-2146

PORT CHARLOTTE ROTARY CLUB, INC. NONPROFIT CORPORATION ANNUAL REPORT

OFFICERS AND DIRECTORS

TITLE	NAME	ADDRESS	CITY, STATE, ZIP
D	JOHNSON, LEE A.	8662 FRANCHI BLVD.	FORT MYERS, FL 33919
D	KUNZWEILER, EDWARD	23013 WESTCHESTER BLVD.	PORT CHARLOTTE, FL 33980
D	KAHLE, GARY A.	47 SAO PAULO	PORT CHARLOTTE, FL 33952
T	MCCLUSKY, ROGER J.	3073 KINGSTON ST.	PORT CHARLOTTE, FL 33952
s	HUNKINS, RAYMOND E.	18326 BURKHOLDER CIR.	PORT CHARLOTTE, FL 33948