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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726202** (5)
1. Corporation Name
DELRAY BEACH ROTARY FUND, INC.



Principal Place of Business P. O. BOX 807 DELRAY BEACH FL 33447	Mailing Address P. O. BOX 807 DELRAY BEACH FL 33447
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3. Date Incorporated or Qualified 04/23/1973	
4. FEI Number 23-7313386	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent SIMON, ERNEST G STE. A-1, 100 N.E. FIFTH AVENUE DELRAY BEACH FL 33483

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

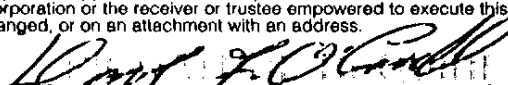
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD ☒ DELETE
NAME	OWENS, NANCY E.
STREET ADDRESS	1066 SW 14TH STREET
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD ☒ DELETE
NAME	O'CONNELL, DAVID F.
STREET ADDRESS	50 SW 9TH AVENUE
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD ☒ DELETE
NAME	GALLOWAY BRUCE
STREET ADDRESS	4515 FICUS TREE ROAD NO B
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD ☐ DELETE
NAME	PELTZIE, KENNETH
STREET ADDRESS	2260 RABBITT HOLLOWE CIRCLE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D ☐ DELETE
NAME	GUMM, EMMETT F.
STREET ADDRESS	15791 LOCH MAREE LANE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D ☐ DELETE
NAME	SIMON, ERNEST G.
STREET ADDRESS	3476 ROYAL TURN LANE
CITY-ST-ZIP	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	O'CONNELL, DAVID F.
1.3 STREET ADDRESS	50 SW 9TH AVE
1.4 CITY-ST-ZIP	BOCA RATON FL 33486
2.1 TITLE	VD ☒ Change ☐ Addition
2.2 NAME	NOREN, STORMET G.
2.3 STREET ADDRESS	201 ASBURY WAY
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426
3.1 TITLE	SD ☒ Change ☐ Addition
3.2 NAME	ARCHER, PATRICIA LANGLEY
3.3 STREET ADDRESS	380 SHERWOOD FOREST DR.
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:  **2-3-97** **391-4870**

CR2E037 (1097)