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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 726202

1. Corporation Name
DELRAY BEACH ROTARY FUND, INC.

Principal Place of Business	Mailing Address
P. O. BOX 807 DELRAY BEACH FL 33447	P. O. BOX 807 DELRAY BEACH FL 33447

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

3. Date Incorporated or Qualifed
04/23/1973

4. FEI Number
23-7313386
☐ Applied For
☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	O'CONNELL, DAVID F		1.2 NAME	NOREM, STORMET C.	
STREET ADDRESS	50 SW 9TH AVE		1.3 STREET ADDRESS	2150 S. OCEAN BLVD. #7-B	
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	NOREM, STORMET C		2.2 NAME	JAMES, V. PIGNATO	
STREET ADDRESS	201 ASBURY WAY		2.3 STREET ADDRESS	25 "C" STRATFORD DR. E	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCHER, PATRICIA LANGL		3.2 NAME		
STREET ADDRESS	380 SHERWOOD FOREST DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PELTZIE, KENNETH		4.2 NAME		
STREET ADDRESS	2260 RABBITT HOLLOWE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUMM, EMMETT F.		5.2 NAME		
STREET ADDRESS	15791 LOCH MAREE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, ERNEST G.		6.2 NAME		
STREET ADDRESS	3476 ROYAL TURN LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED President 1/12/99 561-276-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #