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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729086 (9)

1. Corporation Name

ROTARY CLUB OF TARPON SPRINGS, INC.

Principal Place of Business

27 N RING AVE
P.O. BOX 234
TARPON SPRINGS FL 34689-4303

Mailing Address

POST OFFICE BOX 234
TARPON SPRINGS FL 34688-02343. Date Incorporated or Qualified
03/18/19743a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-6209596

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILIRAKIS, MICHAEL
304 DRIFTWOOD DRIVE WEST
PALM HARBOR FL FL 33563

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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CARBAUGH, KATHY L
STREET ADDRESS 928 BAYSHORE DR
CITY - ST - ZIP TARPON SPRINGS FL 34689TITLE D ☐ DELETE
NAME DIDONATO, FRANK DR
STREET ADDRESS 401 CROSSWINDS DR
CITY - ST - ZIP PALM HARBOR FL 34683TITLE S ☐ DELETE
NAME O'BRIEN, ELIZABETH
STREET ADDRESS 895 S GOLFVIEW BLVD #104
CITY - ST - ZIP CLEARWATER FL 34630TITLE PE ☐ DELETE
NAME CARBAUGH, DANNY
STREET ADDRESS 928 BAYSHORE DR.
CITY - ST - ZIP TARPON SPRINGS FLTITLE P ☒ DELETE
NAME SANTELLA, GENE
STREET ADDRESS 49 CENTRAL COURT
CITY - ST - ZIP TARPON SPRINGS FLTITLE D ☐ DELETE
NAME KING, JOAN
STREET ADDRESS 734 CHESAPEAKE DR
CITY - ST - ZIP TARPON SPRINGS FL 34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Dave Tobey
1.3 STREET ADDRESS 1469 Ventnor Ave.
1.4 CITY - ST - ZIP Tarpon Springs, FL 346892.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME Terry B. Smither
2.3 STREET ADDRESS 1325 Hillside Dr.
2.4 CITY - ST - ZIP Tarpon Springs, FL 346893.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE President ☐ Change ☒ Addition
5.2 NAME James Archer
5.3 STREET ADDRESS 1414 Oleander Dr.
5.4 CITY - ST - ZIP Tarpon Springs, FL 346896.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Terry B. Smither 1/23/97 8139425048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 8088878

CR2E037 (9/96)