

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 729086

(9)

1. Corporation Name

ROTARY CLUB OF TARPON SPRINGS, INC.

Principal Place of Business

Mailing Address

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

POST OFFICE BOX 234
TARPON SPRINGS FL 34688

3. Date Incorporated or Qualified

03/18/1974

4. FEI Number

59-6209596

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

21 110 S. Levis Avenue

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
Tarpon Springs, FL

27 City & State

24 Zip

34689

Country

25 USA

29 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500002681435-5

-11/05/98-01083-005

*****61.25 FL Zip Code 25

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 TOBEY, DAVE
STREET ADDRESS 1469 VENTNOR AVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE T ☐ DELETE

NAME SMITHER, TERRY B
STREET ADDRESS 1325 HILLSIDE DR
CITY-ST-ZIP TARPON SPRINGS FL

TITLE S ☒ DELETE

NAME O'BRIEN, ELIZABETH
STREET ADDRESS 895 S GOLFVIEW BLVD #104
CITY-ST-ZIP CLEARWATER FL 34630

TITLE PE ☒ DELETE

NAME CARBAUGH, DANNY
STREET ADDRESS 928 BAYSHORE DR.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE P ☐ DELETE

NAME ARCHER, JAMES
STREET ADDRESS 1414 OLEANDER DR
CITY-ST-ZIP TARPON SPRINGS FL

TITLE 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 P ☐ Change ☒ Addition

1.2 NAME Vinson, William
1.3 STREET ADDRESS 144 Spring Blvd. North
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Carole Doyle
2.3 STREET ADDRESS 401 Crosswinds Dr.
2.4 CITY-ST-ZIP Tarpon Springs, FL 3489

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME Stevenson, Gwen
3.3 STREET ADDRESS 13943 Friendship Lane
3.4 CITY-ST-ZIP Odessa, FL 33556

4.1 TITLE PE ☒ Change ☐ Addition

4.2 NAME Hoffman, Edward
4.3 STREET ADDRESS 216 George Street
4.4 CITY-ST-ZIP Tarpon Springs, FL 34689

5.1 TITLE VP ☒ Change ☐ Addition

5.2 NAME Archer, James
5.3 STREET ADDRESS 1414 Oleander Dr. 1
5.4 CITY-ST-ZIP Tarpon Springs, FL 34689

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Bill Grantham
6.3 STREET ADDRESS 39820 US 19 N, #84
6.4 CITY-ST-ZIP Tarpon Springs, FL 34689

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)