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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729086

1. Corporation Name

ROTARY CLUB OF TARPON SPRINGS, INC.

Principal Place of Business

110 S. LEVIS AVENUE
 TARPON SPRINGS FL 34689

Mailing Address

POST OFFICE BOX 234
 TARPON SPRINGS FL 34688



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6209596	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		29 30	
24 25		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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINSON, WILLIAM	1.2 NAME	JAMES ARCHER
STREET ADDRESS	144 SPRING BLVD. NORTH	1.3 STREET ADDRESS	1414 Oleander Dr.
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITHER, TERRY B	2.2 NAME	MICHAEL N. MATTIA
STREET ADDRESS	1325 HILLSIDE DR	2.3 STREET ADDRESS	688 Hidden Lake Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, CAROLE	3.2 NAME	WILLIAM J. GRANTHAM, JR.
STREET ADDRESS	401 CROSSWINDS DR.	3.3 STREET ADDRESS	39820 U.S. 19 N., #84
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, GWEN	4.2 NAME	EWALD L. KLEINFELD
STREET ADDRESS	13943 FRIENDSHIP LANE	4.3 STREET ADDRESS	738 Bayshore Dr.
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, JAMES	5.2 NAME	CHARLES H. PHILLIPS
STREET ADDRESS	1414 OLEANDER DR	5.3 STREET ADDRESS	P. O. Box 144
CITY-ST-ZIP	TARPON SPRINGS FL 34689	5.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34688
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JOAN	6.2 NAME	JOSEPH P. LAWRENCE
STREET ADDRESS	734 CHESAPEAKE DR	6.3 STREET ADDRESS	90 S. Highland Ave., #1311
CITY-ST-ZIP	TARPON SPRINGS FL 34689	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, with all other like empowered.

SIGNATURE:

Veronica [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
 Date

727.942-5048
 Daytime Phone #

CR2E037 (1/1/98)