FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730834 (9)

1. Corporation Name

ST. VINCENT DEPAUL SOCIETY OF OUR LADY QUEEN OF MARTYRS, INC.

Principal Place of Business	Mailing Address
2731 SW 11TH COURT FORT LAUDERDALE FLORIDA 33312	2731 SW 11TH COURT FORT LAUDERDALE FLORIDA 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1974
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-0816456 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NOVAK, GREG
1817 SW 24 AVE
FORT LAUDERDALE FLORIDA 33312

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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	☐ Change ☐ Addition
NAME	NOVAK, GREG	12 NAME	
STREET ADDRESS	1817 SW 24 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	TSD	21 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, KATHLYN, P	22 NAME	
STREET ADDRESS	6903 CYPRESS RD PH19	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	500001521315 -05/23/95--01007-010
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	METZGER, WILLIAM	32 NAME	*****61.25 *****61.25
STREET ADDRESS	2750 SW 17TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	51.195 MBT
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathlyn P. McDonnell 3/7/95 581-65-76
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLYN P. McDONNELL

00481800

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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-06/21/95--01100--026
*****61.25 *****61.25

DOCUMENT # 730961

1. Corporation Name

ROTARY CLUB OF SUN CITY CENTER FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1507 Flamingo Lane P. O. Box 5382 Sun City Center FL 33571	1507 Flamingo Lane P. O. Box 5382 Sun City Center FL 33571

3. Date Incorporated or Qualified: 10/24/1974
3a. Date of Last Report: 1994
4. FEI Number: 23-7152913 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1507 Flamingo Lane	26 1507 Flamingo Lane
22 Suite, Apt. #, etc. P. O Box 5382	27 Suite, Apt. #, etc. P. O. Box 5382
23 City & State Sun City Center FL	28 City & State Sun City Center FL
24 Zip 33571-5382 25 Country Hillsborough	29 Zip 33571-5382 30 Country Hillsborough

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. 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
* WHITE, BRENDA S. *1507 FLAMINGO LANE SUN CITY CENTER FL 33573	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE	P/d	☒ Change ☐ Addition
NAME	Robert C. Simpson	12 NAME	Axel Norling	
STREET ADDRESS	1403 Idelwild Drive	13 STREET ADDRESS	4332 Hamlin Way	
CITY-ST-ZIP	Sun City Center FL 33573	14 CITY-ST-ZIP	Wimauma FL 33598	
TITLE	P/E/D	21 TITLE	P/E/D	☒ Change ☐ Addition
NAME	Axel Norling	22 NAME	Shirley Thomas	
STREET ADDRESS	4332 Hamlin Way	23 STREET ADDRESS	1516 Del Webb Blvd W.	
CITY-ST-ZIP	Wimauma FL 33598	24 CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	V/D	31 TITLE	V/D	☒ Change ☒ Addition
NAME	Shirley Thomas	32 NAME	Dennis V. Nymark	
STREET ADDRESS	1516 Del Webb Blvd. W.	33 STREET ADDRESS	102 S. Pebble Beach Blvd.	
CITY ST ZIP	Sun City Center FL 33573	34 CITY ST ZIP	Sun City Center FL 33573	
TITLE	T/D	41 TITLE		☐ Change ☐ Addition
NAME	Murrell J. Loy	42 NAME		
STREET ADDRESS	1106 Del Webb Blvd. E.	43 STREET ADDRESS		
CITY ST ZIP	Sun City Center FL 33573	44 CITY ST ZIP		
TITLE	S/D	51 TITLE	S/D	☒ Change ☒ Addition
NAME	Brenda S. White	52 NAME	Patricia Dunlap	
STREET ADDRESS	1507 Flamingo Lane	53 STREET ADDRESS	P. O. Box 5382	
CITY ST ZIP	Sun City Center FL 33573	54 CITY ST ZIP	Sun City Center FL 33573	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

REMITTED BY MAY 1

5/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the address.

SIGNATURE: Murrell J. Loy 5/8/95 813-634-2580
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone
MURRELL J. LOY, TREAS