

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90080 010 ****61.25

DOCUMENT # 736098

1. Corporation Name

THE ROTARY CLUB OF CASSELBERRY, INC.

Principal Place of Business

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-0895
US

Mailing Address

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-0895
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/15/1976

4. FEI Number

59-6585249

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

9. Name and Address of Current Registered Agent

OWEN, RICHARD B
5250 S HWY 17-92
CASSELBERRY FL 32707

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 ☐ DELETE

TITLE TD
NAME STONE, MARK
STREET ADDRESS 8238 AFTON SQ., #105
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D
NAME KILGORE, ROBIN
STREET ADDRESS 2864 PICKETT DOWNS DR
CITY-ST-ZIP CHULVOTA FL 32766

TITLE SD
NAME BALL, MARGUERITE
STREET ADDRESS 2026 CHIPPAW TRIAL
CITY-ST-ZIP MAITLAND FL

TITLE VD
NAME BERKO, JAMES
STREET ADDRESS 1814 CROWLEY CIR.
CITY-ST-ZIP LONGWOOD FL

TITLE PD
NAME CRESSWELL, KATHLEEN
STREET ADDRESS P.O. BOX 3696 N/A
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D
NAME FELTOVIC, DAVE
STREET ADDRESS 2260 GLENWOOD DR
CITY-ST-ZIP WINTER PARK FL 32784

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
MC ELROY, TOM
3 LAMPLITE COURT
CASSELBERRY, FL 32707
V D

MAITLAND, FL 32751
P D

LONGWOOD, FL 32779

SD
CRESSWELL, JOHN
5840 RED BUG LAKE ROAD, STE 420
WINTER SPRINGS, FL 32708

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
JAMES BERKO, President

03/31/99 (407) 831-4211

Date

Daytime Phone #

CR2E037 (1/1/98)