


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740775** (2)  
1. Corporation Name  
**HAINES CITY ROTARY CLUB, INC.**



Principal Place of Business <b>18 N 8TH ST HAINES CITY FL 33844 US</b>	Mailing Address <b>P O BOX 1348 HAINES CITY FL 33845-1348 US</b>
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3. Date Incorporated or Qualified <b>11/15/1977</b>	
4. FEI Number <b>59-2867860</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LAWHORN, J. N. 326 W. GRAHAM PK. HAINES CITY FL 33844</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 <b>PD</b>	<b>NELL, JOHNSON</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NELL, JOHNSON</b>		1.2 NAME <b>Graham, Jim</b>	
STREET ADDRESS <b>435 GLEN EAGLES COURT</b>		1.3 STREET ADDRESS <b>1305 HWY 17-92 W</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL</b>		1.4 CITY-ST-ZIP <b>Haines City FL 33844</b>	
TITLE <b>SD</b>	<b>DEESE, DEBORAH</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEESE, DEBORAH</b>		2.2 NAME <b>Johnson, Nell</b>	
STREET ADDRESS <b>P.O. BOX 1348 (N A)</b>		2.3 STREET ADDRESS <b>435 Glen Eagles Ct</b>	
CITY-ST-ZIP <b>HAINES CITY FL</b>		2.4 CITY-ST-ZIP <b>Winter Haven, FL 33884</b>	
TITLE <b>TD</b>	<b>SECORD, CHARLES</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SECORD, CHARLES</b>		3.2 NAME <b>JACKSON, KIM</b>	
STREET ADDRESS <b>114 PALM PLACE</b>		3.3 STREET ADDRESS <b>3550 POE RD</b>	
CITY-ST-ZIP <b>HAINES CITY FL</b>		3.4 CITY-ST-ZIP <b>HAINES CITY FL 33844</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Kim Jackson** 1/3000 941-421-5111

CR2E037 (10/97)