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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 742147 (2)
1. Corporation Name
ROTARY CLUB OF MARCO ISLAND, INC.

Principal Place of Business Mailing Address
P O BOX 353 MARCO ISLAND FL 33969 P O BOX 353 MARCO ISLAND FL 33969

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 03/21/1978 3a. Date of Last Report 02/10/1994
4. FBI Number 59-6177443 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 601 E. ELKCAM CIR 26 P.O. Box 1488
Suits, Apt. #, etc. Suite, Apt. #, etc.
22 A-1-A 27
City & State City & State
23 MARCO ISLAND FL 28 MARCO ISLAND FL
Zip Country USA Zip Country USA
24 33937 25 29 33969 30

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 N/A \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 192.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HILL, JOHN R.
606 BALD EAGLE DR.
SUITE 400 ISLAND TOWER
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name JOHN J. CHARDE CPA
82 Street Address (P.O. Box Number is Not Acceptable) 601 E. ELKCAM CIR
83 P.O. Box 1488
84 City MARCO ISLAND FL 85 Zip Code 33969

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 regulations of, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* JOHN J. CHARDE CPA DIRECTOR 4/19/95
Signature typed or printed name of registered agent (only if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
HILL, JOHN R. 606 BALD EAGLE DR. SUITE 400 MARCO ISLAND FL
D BOLTZ, BEVERLY D. 913 N. COLLIER BLVD. MARCO ISLAND FL
DP GOODMAN, KENNETH 950 S. COLLIER BLVD. MARCO ISLAND FL
D BRAGGEMEYER, AL 971 SCOTT DR. MARCO ISLAND FL
D DESIDERI, EMILIO 750 S COLLIER BLVD. MARCO ISLAND FL
SD LEATHE, ART 474 YELLOWBIRD ST. MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ~~TRUSTEE~~ DIRECTOR Change Addition
1.2 NAME JOHN J. CHARDE CPA
1.3 STREET ADDRESS 601 E. ELKCAM CIR (Box 1488)
1.4 CITY-ST-ZIP MARCO ISLAND FL 33969
2.1 TITLE TRUSTEE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE PRAS Change Addition
3.2 NAME JAL MARZUHO
3.3 STREET ADDRESS 601 E. ELKCAM CIR
3.4 CITY-ST-ZIP MARCO ISLAND FL 33937
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* JOHN J. CHARDE CPA 4/19/95 815 - 642-9292
Signature typed or printed name of signing officer or director Date (Optional)