

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742147 (2)

1. Corporation Name

ROTARY CLUB OF MARCO ISLAND, INC.



Principal Place of Business

Mailing Address

601 E. ELKCAM CIR
A-1-A
MARCO ISLAND FL 33937
US

6
MARCO ISLAND FL 33969
US

3. Date Incorporated or Qualified
03/21/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6177443

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

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

CHARDE, JOHN J. C
601 E. ELKCAM CIRCLE
P.O. BOX 1488
MARCO ISLAND FL 33969

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	D	<input type="checkbox"/> DELETE
NAME	CHARDE, JOHN J. C	
STREET ADDRESS	601 E. ELKCAM CIRCLE (BOX 1488)	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOLTZ, BEVERLY D.	
STREET ADDRESS	913 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARZULLO, SAL	
STREET ADDRESS	601 E. ELKCAM CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAGGEMEYER, AL	
STREET ADDRESS	971 SCOTT DR.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESIDERI, EMILIO	
STREET ADDRESS	750 S COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEATHE, ART	
STREET ADDRESS	474 YELLOWBIRD ST.	
CITY-ST-ZIP	MARCO ISLAND FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHROLL, GEORGE J.	
1.3 STREET ADDRESS	829 BLUEBONNET CT.	
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, GLENN	
2.3 STREET ADDRESS	1270 STONE CT.	
2.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETREY, KENNATH	
3.3 STREET ADDRESS	196 BALTUROL DR.	
3.4 CITY-ST-ZIP	NAPLES, FL 33962	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LYON, ROBERT L.	
4.3 STREET ADDRESS	1090 S. COLLIER BLVD. #619	
4.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARZULLO, SALVATORE G.	
5.3 STREET ADDRESS	601 E. ELKCAM CIRCLE	
5.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KAUVERHASE, GEROLD	
6.3 STREET ADDRESS	175 SOCIETY COURT	
6.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George J. Schroll GEORGE J. SCHROLL 20 FEB '96 941/642-3928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)