


FILE NOW: FILING FEE IS \$61.25

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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742147 (2)**  
1. Corporation Name  
**ROTARY CLUB OF MARCO ISLAND, INC.**



Principal Place of Business <b>601 E. ELKCAM CIR A-1-A MARCO ISLAND FL 33937 US</b>	Mailing Address <b>6 MARCO ISLAND FL 33969 US</b>
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3. Date incorporated or Qualified <b>03/21/1978</b>	3a. Date of Last Report <b>02/26/1996</b>
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21. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P. Box 1488</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. <b>MARCO ISLAND FL</b>
24. Zip <b>34145</b>	25. Country
	29. Zip <b>34146</b>
	30. Country <b>USA</b>

4. FEI Number <b>59-6177443</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHROLL, GEORGE J.</b>	1.2 NAME	
STREET ADDRESS	<b>829 BLUEBONNET CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>34145</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN, WILLIAMS</b>	2.2 NAME	
STREET ADDRESS	<b>1270 STONE CT</b>	2.3 STREET ADDRESS	<b>34145</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETREY, KENNETH</b>	3.2 NAME	
STREET ADDRESS	<b>198 BALTUROL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>34113</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYON, ROBERT L.</b>	4.2 NAME	
STREET ADDRESS	<b>1090 S COLLIER BLVD, #619</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	4.4 CITY-ST-ZIP	<b>34145</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARZULLO, SALVATORE G.</b>	5.2 NAME	<b>JOHN J. CHARDE</b>
STREET ADDRESS	<b>601 E ELKCAM CIRCLE</b>	5.3 STREET ADDRESS	<b>801 MILAN CT</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	5.4 CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAVERHASE, GEROLD</b>	6.2 NAME	
STREET ADDRESS	<b>175 SOCIETY COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	6.4 CITY-ST-ZIP	<b>34145</b>

14. I do 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:  **JOHN J. CHARDE** Date: **2/17/97**

CR2E037 (9/96)