

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90080 029 ****61.25

DOCUMENT # 758749

1. Corporation Name

ROTARY CLUB OF SANFORD-BREAKFAST, FLORIDA, INC.

Principal Place of Business

230 N PARK AVE
P.O. BOX 1652
SANFORD FL 32771
US

Mailing Address

P O BOX 1149
P.O. BOX 1652
SANFORD FL 32772
US

108848-90080-29

DEPARTMENT OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

06/15/1981

4. FEI Number

59-2137966

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

ASKEW, TIMOTHY R JR
230 N PARK AVE
SANFORD FL 32771

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

TITLE D
NAME BUSSEY, FRED
STREET ADDRESS 2601 COUNTRY CLUB RD
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE D
NAME MEEKS, JOHN
STREET ADDRESS 621 PARK AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE D
NAME MARTIN, RICH
STREET ADDRESS 117 N SUNLAND DR
CITY-ST-ZIP SANFORD FL 32773 ☐ DELETE

TITLE T
NAME PHILLIPS, DOUG
STREET ADDRESS 4356 ROCKY RIDGE PL
CITY-ST-ZIP SANFORD FL 32773 ☐ DELETE

TITLE D
NAME BOSSERT, ED
STREET ADDRESS 823 PARK AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE D
NAME STOCKSETT, WENDELL S
STREET ADDRESS 250 ART LANE
CITY-ST-ZIP SANFORD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES., DIR ☒ Change ☐ Addition
1.2 NAME WILLIAM JOHNSON
1.3 STREET ADDRESS 3675 ORLANDO DR
1.4 CITY-ST-ZIP SANFORD FL 32773

2.1 TITLE VICE PRES., DIR ☒ Change ☐ Addition
2.2 NAME DOUG PHILLIPS
2.3 STREET ADDRESS 4356 ROCKY RIDGE PL.
2.4 CITY-ST-ZIP SANFORD FL 32773

3.1 TITLE TREASURER, DIR ☒ Change ☐ Addition
3.2 NAME JON MEEKS
3.3 STREET ADDRESS 621 PARK AVE
3.4 CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE SECR., DIR ☒ Change ☐ Addition
4.2 NAME TIM ASKEW
4.3 STREET ADDRESS 413 DEBARY AVE
4.4 CITY-ST-ZIP ENTERPRISE FL 32771

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)