

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762994 (2)
1. Corporation Name
ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., INC.



Principal Place of Business
POST OFFICE BOX 3294
SEMINOLE FL 34642

Mailing Address
POST OFFICE BOX 3294
SEMINOLE FL 34642

3. Date Incorporated or Qualified
04/26/1982

4. FEI Number
59-2110073

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 33772 Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 33772 Country
29 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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHULER, TIMOTHY C ESQ
7843 SEMINOLE BLVD
SEMINOLE FL 34642

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 33772

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

TITLE	PD	NAME	SMITH, TEO	STREET ADDRESS	9928 108TH ST N	CITY-ST-ZIP	SEMINOLE FL	<input type="checkbox"/> DELETE
TITLE	FO	NAME	FOSTER RALPH	STREET ADDRESS	5567 BAYPINE LN	CITY-ST-ZIP	ST PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE	SD	NAME	BROCK JIM	STREET ADDRESS	12276 106TH AVE N	CITY-ST-ZIP	SEMINOLE FL	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	RANNELS JAY	STREET ADDRESS	2006 GLENN RD	CITY-ST-ZIP	CLEARWATER FL	<input checked="" type="checkbox"/> DELETE
TITLE	TD	NAME	TORREY-SCHMORANZ, PATRICIA	STREET ADDRESS	10495 HAMLIN BLVD	CITY-ST-ZIP	LARGO FL	<input type="checkbox"/> DELETE
TITLE	PD	NAME	ESPOSITO, JOE	STREET ADDRESS	42844 81ST AVE N	CITY-ST-ZIP	SEMINOLE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	1.2 NAME	SMITH, TEO	1.3 STREET ADDRESS	6291 Bahia Del Mar #702	1.4 CITY-ST-ZIP	St. Petersburg FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	2.2 NAME	PD	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	3.2 NAME	HASTINGS, Dudley	3.3 STREET ADDRESS	7975 58th Ave N. #410	3.4 CITY-ST-ZIP	St. Petersburg, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	SD	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	PD	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	PD	6.2 NAME	ESPOSITO, JOE	6.3 STREET ADDRESS	5401 BAYSHORE DR.	6.4 CITY-ST-ZIP	SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 1-16-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DAYTIME PHONE # 0041110

CR2037 (10/97)