1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 762994

ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., I

Principal Place of Business POST OFFICE BOX 3294 SEMINOLE FL 33772

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

POST OFFICE BOX 3294 SEMINOLE FL 33772

2a. Mailing Address

City & State

Suite, Apt. #, etc.

HS

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FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90129 006 ****61.25

3. Date incorporated or Qualifed

04/26/1982

59-2110073

4. FEI Number

101403.30163.0

23		28				J. 1	Certificate of Statu	3 Desired		Fee Red	quired		
Zip	Country 25	Zip 29	30	Country			Election Campaigr	_		\$5.00 r			
24	9. Name and Address of C						Name and Addre		Registered A				
	THAIR GIR AGGIOGO OF G	Circuit Noglotor Bur (gol)		81	Name								
ACHURED THAT IN A FOA					20 Co. La Liu (20 2 2 November Net Associable)								
001102211, 111101111 0 200						82 Street Address (P.O. Box Number is Not Acceptable)							
7843 SEMINOLE BLVD.					83								
SEMINOLE FL 33772					20 20 20 20 20 20								
						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. A(NOTE: Registered Agent signature required when reinstating) DATE													
12.		RS AND DIRECTORS		13.	J		DDITIONS/CHAN	GES TO OF	FICERS AN	D DIRECTO	RS IN 12		
TITLE	VPD	<u> </u>	DELETE	1.1 TITLE	1	PED		_		☐ Change	☐ Addition		
NAME	SMITH, TED			1.2 NAME		Dov	GLAS M	। ८५ धर	-				
STREET ADDRESS	6291 BAHIA DEL MAR #70)2		1.3 STREET	ADDRESS	1191	S 815T	AUE	<i>م</i>				
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST	-ZIP		11 NOI-E	<i>F/</i>	337				
TITLE	PED		DELETÉ	2.1 TITLE		PD				Change	Addition		
NAME	FOSTER RALPH			2.2 NAME							•		
STREET ADDRESS	5567 Baypine Ln		- 1	2.3 STREET	ADDRESS						•		
CITY-ST-ZIP	ST PETERSBURG FL			2. 4 CITY-S						Tal Garage	Addition		
TITLE	SD	Ļ		3.1 TITLE		TP				A enange	☐ Addition		
NAME	HASTINGS, DUDLEY			3.2 NAME							i		
STREET ADDRESS	7975 58TH AVE N #410			3.3 STREET									
CITY-ST-ZIP	ST PETERSBURG FL 3370	9		3.4. CITY-S		SD				Change	Addition		
TITLE	D			4.1 TITLE		30		وماء	1-		- Addition		
NAME	RANNELS JAY			4. 2 NAME		7 1M	othy C. 3 Sen		70	uΩ			
STREET ADDRESS	2006 GLENN RD			4.3 STREET	I				777	フン	ļ		
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST	-ZIP	2=1	minole	<u> </u>	<u></u>	Change	☐ Addition		
TITLE	D	_		5.1 TITLE 5.2 NAME						onlingo			
NAME	TORREY-SCHMORANZ, PA	IHICIA		5.3 STREET	ADDRESS								
STREET ADDRESS	10.00 10.0000			5.4 CITY-ST									
CITY-ST-ZIP	LARGO FL	П		6.1 TITLE		VPD				Charlge	☐ Addition		
TITLE	PD IOE		DILLIL	6.2 NAME		~ F D				(3"			
NAME	ESPOSITO, JOE			6.3 STREET	ADDRESS		•				}		
STREET ADDRESS	V 10 1 D1 11 V 11 V 11 D 11			6.4 CITY-ST	·								
CITY-ST-ZIP	SEMINOLE FL 33772	ied with this filing does no				n Section	119.07/3\(i) Florid	la Statutes	I further cert	ify that the in	formation		

n recey certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(j), Fronta Statutes. Further certify that I am 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:

2.15.55 727 35800//

Applied For

\$8.75 Additional

Not Applicable