

DOCUMENT # **N05679**

1. Entity Name

**ROTARY CLUB OF CLEARWATER/FEATHER SOUND, FLORIDA.****FILED****00 FEB 25 PM 12:55**

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 17224  
CLEARWATER FL 34622P.O. BOX 17224  
CLEARWATER FL 33762-0224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-4348760**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARSON, HERBERT W.  
11189-69TH 58-N  
LARGO FL 34643**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:****FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONG, GARY C</b>	
STREET ADDRESS	<b>925 APPALOOSA RD.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pres. Douglas Bishop</b>	
STREET ADDRESS	<b>2647 Ulmerton Rd.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JEFFERIES, STEPHEN</b>	
STREET ADDRESS	<b>1414 BENTLEY ST.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pres. Elect Suzanne Wise</b>	
STREET ADDRESS	<b>2960 Roosevelt Blvd.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33760</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, HERBERT</b>	
STREET ADDRESS	<b>2490 HERON TERRACE, F 103</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 January 2000**

Date

**727-572-7500**

Daytime Phone #

CR2E037 (9/99)