### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 WWW DOCUMENT # N07393

1. Corporation Name

### ROTARY CLUB OF PENSACOLA STUDENT LOAN FUND, INC.

Principal Place of Business P.O. BOX 528

2. Principal Place of Business

PENSACOLA FL 32523

21

Mailing Address

P.O. BOX 528 PENSACOLA FL 32593

2a. Mailing Address

LIS

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# FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90183 002 \*\*\*\*61.25

Date Incorporated or Qualifed

01/30/1985

Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			4. FEI Number			Applied For		
22		27			59-2484782		Not	Applicable		
City & State	te City & State				5. Certifcate of Status Desired		\$8.75 Ac			
Zip	Country Zip Country			6. Election Campaign Financing		\$5.00 N	lav Re			
— ·	25	29 30			Trust Fund Contribution		Added to Fees			
24	9. Name and Address of Current Registered Agent		1		10. Name and Address of New	Registered	Agent			
	o. Haine and Address of Garrent	togioto(ou ) igoni	81	Name		*				
SHERRILL, CHARLES C 433 EAST GOVERNMENT STREET			20 Charles Address (D.O. Day Murahar in Not Accontable)							
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
		83					· · ·			
PENSACOLA FL 32501						<del></del>				
			84	City		FL	85 Zip C	ode		
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		13.		ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTOR			
TITLE	D	X DELETE	1.1 TITLE	D	_		Change	Addition		
NAME	STOLHANSKEE, JIM		1.2 NAME		artz, Leonard			1		
STREET ADDRESS	47 O DALAFOY OT BOOM 000		1.3 STREET	ADDRESS 88	1 Woodbine Dr.	1		t		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST	. <sub>ZIP</sub> Pe	nsacola, FL 3	2503				
TILE	D	☐ DELETE	2.1 TITLE	D			Change	Addition		
NAME.	O:SULLIVAN, MORT		2.2 NAME	-	cDonald, Roger	G.				
STREET ADDRESS	17 S PALAFOX ST, ROOM 323		2.3 STREET		5 Bayshore Dr.	••		ļ		
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY-S	T-ZIP Pe	nsacola, FL 325	07				
TITLE	D	X DELETE	3.1 TITLE			•	☐ Change	Addition		
NAME	TAYLOR, LUTHER		3.2 NAME					ļ		
STREET ADDRESS	17 S. PALAFOX ST., ROOM 323		3.3 STREET	ADDRESS				Ì		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY- S	T-ZIP						
TITLE	T	☐ DELETE	4.1 TITLE				☐ Change	Addition		
NAME	MAJOR, HAROLD L		4. 2 NAME							
STREET ADDRESS	900 N. 12TH AVE.		4.3 STREET	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY- ST	- ZiP						
TITLE	D	☐ DELETÉ	5.1 TITLE				☐ Change	☐ Addition		
NAME	HUGGINS, STEVE		5.2 NAME					,		
STREET ADDRESS	17 S PALAFOX ST, ROOM 323		5.3 STREET	ADDRESS				1		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-S1	- ZIP						
TITLE	DC	☐ DELETE	6.1 TITLE		. ,		Change	☐ Addition		
NAME	CHARLES ATWELL		6.2 NAME					l		
STREET ADDRESS	17 PALAFOX ST. ROOM 323		6.3 STREET	ADDRESS				Y		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST	r-ZIP						
OHT-SI-ZIP		this filing does not qualify for th			ection 119 07/3)(i) Florida Statutes	I further cer	tify that the in	formation		

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:

JOR 1

850-4-35-8300 Davime Phone # R2E037 (11/98)