

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 APR 26 AM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09266 (0)**  
1. Corporation Name  
**ROTARY CLUB OF FORT MEADE, FLORIDA, INC.**

Principal Place of Business: **341 WEST DAVIDSON, STE 301, WILLIAMS E. EVANS, JR., POB 1896, BARTOW FL 33830-8896**  
Mailing Address: **341 WEST DAVIDSON, STE 301, WILLIAMS E. EVANS, JR., POB 1896, BARTOW FL 33830-8896**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1985**  
3a. Date of Last Report: **04/19/1994**

4. FEI Number: **59-6155117**  
Applied For:  Not Applicable:

2. Principal Place of Business: **Rotary Club of Fort Meade** (INC)  
21. Suite, Apt. #, etc.: **P.O. Box 73B**  
22. City & State: **Fort Meade FLA**  
23. Zip: **33841** Country: **USA**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**EVANS, WILLIAM E JR  
341 W. DAVIDSON SUITE 301  
BARTOW, FL 33830-8896**

10. Name and Address of New Registered Agent  
81 Name: **JOHN R. SHIRLEY**  
82 Street Address (P.O. Box Number is Not Acceptable): **801 S. HOUSTON AVE**  
83 City: **FORT MEADE, FLA 33841**  
84 City: **FL** 85 Zip Code: **33841**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *John R. Shirley* DATE: **3/20/95**

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EARNEST, PEAVEY
STREET ADDRESS	505 N PERRY AVE
CITY - ST - ZIP	FT MEADE FL
TITLE	VD
NAME	GUENTHER, DENNIS
STREET ADDRESS	500 N CHURCH AVE
CITY - ST - ZIP	FT MEAD FL
TITLE	PD
NAME	MARSH, JIM
STREET ADDRESS	408 NW 4TH ST
CITY - ST - ZIP	FT MEADE FL
TITLE	SD
NAME	SHIRLEY, ROBERT
STREET ADDRESS	801 S HOUSTON AVE
CITY - ST - ZIP	FT MEADE FL
TITLE	D
NAME	FERRIS, GEORGE
STREET ADDRESS	300 S WASHINGTON, #57
CITY - ST - ZIP	FT MEADE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NUNNALLEE, JAMES B.	
13 STREET ADDRESS	300 NE 3RD ST	
14 CITY - ST - ZIP	FORT MEADE, FLA 33841	
21 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GUENTHER, DENNIS	
23 STREET ADDRESS	500 N. CHURCH AVE	
24 CITY - ST - ZIP	FORT MEADE, FLA 33841	
31 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PEAVEY, EARNEST	
33 STREET ADDRESS	505 N. PERRY AVE	
34 CITY - ST - ZIP	FORT MEADE, FLA 33841	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 it would 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 in an attachment with an addendum.

SIGNATURE: *John R. Shirley* DATE: **3/20/95 (813) 644-8854**