

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90070 001 \*\*\*\*61.25

DOCUMENT # N10028

1. Corporation Name

ROTARY CLUB OF CASSELBERRY CHARITABLE FOUNDATION  
, INC.

Principal Place of Business

5250 SOUTH U. S. HIGHWAY 17-92  
P O BOX 180895  
CASSELBERRY FL 32718-7895

Mailing Address

5250 SOUTH U. S. HIGHWAY 17-92  
P O BOX 180895  
CASSELBERRY FL 32718-7895



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

07/02/1985

4. FEI Number

59-2542609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

OWEN, RICHARD B.  
5250 SOUTH U.S. HIGHWAY 17-92  
CASSELBERRY FL 32707

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

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 DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILGORE, ROBIN	
STREET ADDRESS	2864 PICKETT DOWNS DR	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERKO, JAMES	
STREET ADDRESS	1814 CROWLEY CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREEMAN, DAN	
STREET ADDRESS	5200 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BALL, MARGUERITE	
STREET ADDRESS	2026 CHIPPEWA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLUCKEBIER, JACK	
STREET ADDRESS	95 LAKE TRIPLETT DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRESSWELL, KATHLEEN	
STREET ADDRESS	P.O. BOX 3696 N/A	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PORTH, ELI	
1.3 STREET ADDRESS	710 FAIROAKS LANE	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
4.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CRESSWELL, JOHN	
6.3 STREET ADDRESS	5840 RED BUG LK. ROAD, Ste 420	
6.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

14. 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, 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

JAMES BERKO, PRES/DIR.

03/31/99 (407) 333-0087  
Date Daytime Phone #

CR2E037 (11/98)