FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14602 (9)

1. Corporation Name

THE ROTARY CLUB OF WEST PALM BEACH SUNRISE, FLOR IDA, U.S.A., INC.

Principal Place of Business	Mailing Address
% JAMES MCCARTNEY WEARN 2023 N FLAGLER DR. WEST PALM BEACH FL 33407	% JAMES MCCARTNEY WEARN 2023 N FLAGLER DR. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1986
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2670761 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEARN, JAMES MCCARTNEY
2023 N FLAGLER DRIVE
WEST PALM BEACH FL 33407

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	DT	☐ Change	☐ Addition XX
NAME	COHEN, STANLEY	1.2 NAME	MITCHELL, JAY		
STREET ADDRESS	701 US #1, SUITE 301	1.3 STREET ADDRESS	5905 Stonehead Court		
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	Jupiter, FL. 33458		
TITLE	~~DVP~~	2.1 TITLE	DP	XX Change	☐ Addition
NAME	FEASEL, CHARLES	2.2 NAME			
STREET ADDRESS	255 SOUTH COUNTY RD.	2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	D	☐ Change	☐ Addition XX
NAME	IRWIN, JOHN	3.2 NAME	BLOSER, JAN-ROBIN		
STREET ADDRESS	5642 UPLAND WAY	3.3 STREET ADDRESS	2830 North Flagler Drive		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL. 33407		
TITLE	~~DS~~	4.1 TITLE	DVP	XX Change	☐ Addition
NAME	WEARN, JAMES MCC	4.2 NAME			
STREET ADDRESS	2023 N. FLAGLER DRIVE	4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH. FL	4.4 CITY-ST-ZIP			
TITLE	~~DS~~	5.1 TITLE	D	XX Change	☐ Addition
NAME	BOMBARD, DENA	5.2 NAME			
STREET ADDRESS	303 BANYAN BLVD.	5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP			
TITLE	~~DS~~	6.1 TITLE	DS	X Change	☐ Addition
NAME	BAINER, ELLEN	6.2 NAME			
STREET ADDRESS	4802 LAKE CATHERINE DR.	6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403	6.4 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 119.07(3)(k), 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.

SIGNATURE: James M. Wearn 19 April 1995 659-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James McC. Wearn, Secretary

6046080