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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N14602**

1. Corporation Name

**THE ROTARY CLUB OF WEST PALM BEACH SUNRISE, FLORIDA, U.S.A., INC.**

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

Mailing Address  
**P O BOX 566**  
**WEST PALM BEACH FL 33402**  
**US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**04/25/1986**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2670761**

Applied For  
☐ Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, ROBERT	
STREET ADDRESS	144 EVERGLADES AVE	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEALY, JACK	
STREET ADDRESS	589 ISLAND DR.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, CHRIS	
STREET ADDRESS	218 DATURA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RINDERKNECHT, GENE	
STREET ADDRESS	7067 DEER POINT LN	
CITY-ST-ZIP	W PALM BCH FL 33411	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BUTNER, NARDA EMIRIA	
STREET ADDRESS	340 ROYAL WAY, STE 201	
CITY-ST-ZIP	PALM BCH L	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BAINER, ELLEN	
STREET ADDRESS	11951 US HWY 1	
CITY-ST-ZIP	NORTH PALM BCH FL	

1.1 TITLE	<del>CHAIRS</del> DIRECTOR/PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRIS HARRISON
1.3 STREET ADDRESS	1438 CARIBBEAN ROAD
1.4 CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406
2.1 TITLE	DIRECTOR/SEE V. PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NARDA EMIRIA BUTNER
2.3 STREET ADDRESS	1005 D-I GREEN PINE BLVD
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
3.1 TITLE	DIRECTOR/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GENE RINDERKNECHT
3.3 STREET ADDRESS	7067 DEER POINT LANE
3.4 CITY-ST-ZIP	WEST PALM BCH, LN 33411
4.1 TITLE	DIRECTOR/TREAS. SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<del>GENE RINDER</del> DAVID WILSON
4.3 STREET ADDRESS	106 RIDGE ROAD
4.4 CITY-ST-ZIP	JUPITER, FL 33477
5.1 TITLE	DIRECTOR/PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELLEN BAINER
5.3 STREET ADDRESS	11951 US HWY #1
5.4 CITY-ST-ZIP	NORTH PALM BCH, FL
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT WELCH
6.3 STREET ADDRESS	144 EVERGLADES AVE.
6.4 CITY-ST-ZIP	PALM BEACH FL 33480

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/99

Date

361-659-5656

Daytime Phone #

CR2E037 (11/98)

0040918