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 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18047** **(3)**

1. Corporation Name

LARGO ROTARY CHARITIES, INC.

Principal Place of Business	Mailing Address
C/O RAMESH PAREKH 2700 EAST BAY DRIVE #107 LARGO FL 34641	C/O RAMESH PAREKH 2700 EAST BAY DRIVE #107 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2842072 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

PAREKH, RAMESH
2700 EAST BAY DRIVE
SUITE 107
LARGO FL 34641

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: Liz Williams
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	PD	11 TITLE	PRESIDENT	XX Change ☐ Addition
NAME	PONDER, PAUL H., JR.	12 NAME	KATHRYN STEPHENS	
STREET ADDRESS	1998 COVE DRIVE	13 STREET ADDRESS	2054 LARCHMONT WAY	
CITY ST ZIP	LARGO FL	14 CITY ST ZIP	CLEARWATER, FL. 34624	
TITLE	VD	21 TITLE	DIRECTOR	XX Change ☐ Addition
NAME	PAREKH, RAMESH	22 NAME	KEVIN FERM	
STREET ADDRESS	2700 EAST BAY DRIVE #107	23 STREET ADDRESS	2093 INDIAN AVE. N	
CITY ST ZIP	LARGO FL	24 CITY ST ZIP	BELLEAIR BLUFFS. FL. 34640	
TITLE	SD	31 TITLE	DIRECTOR	XX Change ☐ Addition
NAME	MAILHOT, FRED	32 NAME	CATHY SANTA	
STREET ADDRESS	1207 BAYSHORE DR N.	33 STREET ADDRESS	3318 FOXHILL DRIVE	
CITY ST ZIP	SAFETY HARBOR FL	34 CITY ST ZIP	CLEARWATER, FL. 34621	
TITLE		41 TITLE	DIRECTOR	XX Change ☐ Addition
NAME		42 NAME	KURT HINRICHS	
STREET ADDRESS		43 STREET ADDRESS	1029 CHARLES ST.	
CITY ST ZIP		44 CITY ST ZIP	CLEARWATER, FL. 34615	
TITLE		51 TITLE	SECRETARY	XX Change ☐ Addition
NAME		52 NAME	LIZ WILLIAMS	
STREET ADDRESS		53 STREET ADDRESS	3231 MASTERS DRIVE	
CITY ST ZIP		54 CITY ST ZIP	CLEARWATER, FL. 34621	
TITLE		61 TITLE	TREASURER	XX Change ☐ Addition
NAME		62 NAME	SCOTT MCLANE	
STREET ADDRESS		63 STREET ADDRESS	275 N. CLEARWATER-LARGO RD.	
CITY ST ZIP		64 CITY ST ZIP	LARGO, FL. 34640	

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)(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.

SIGNATURE: Anna L. Scrubb — 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000067