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

FILED
95 MAY -1 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18337** **(8)**

1. Corporation Name

ROTARY CLUB OF FROSTPROOF, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
33 E. WALL ST. FROSTPROOF FL 33843 US	33 E. WALL ST. FROSTPROOF FL 33843 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6209588** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRADDOCK, F. H
33 E. WALL ST.
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	DP	11 TITLE	DV ☒ Change ☐ Addition
NAME	POLK, OTTO J	12 NAME	CRADDOCK, F.H
STREET ADDRESS	176 H STREET, E.	13 STREET ADDRESS	33 E WALL ST
CITY-ST-ZIP	FROSTPROOF FL	14 CITY-ST-ZIP	FROSTPROOF FL 33843
TITLE	DV	21 TITLE	DP ☒ Change ☐ Addition
NAME	MCDONALD, WILLIAM	22 NAME	MCDONALD, WILLIAM
STREET ADDRESS	2 E. WALL ST.	23 STREET ADDRESS	2 E WALL ST
CITY-ST-ZIP	FROSTPROOF FL	24 CITY-ST-ZIP	FROSTPROOF FL 33843
TITLE	DS	31 TITLE	DS ☒ Change ☐ Addition
NAME	STRICKLAND, TRAVIS	32 NAME	MICHAEL WOODLEY
STREET ADDRESS	100 HWY. 27 S	33 STREET ADDRESS	WOODLEY RD
CITY-ST-ZIP	FROSTPROOF FL	34 CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	BUDD, ANN L	42 NAME	
STREET ADDRESS	316 SUNSET RD.	43 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, LARRY	52 NAME	
STREET ADDRESS	101 WILSON RD.	53 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Ann Louise Budd Ann Louise Budd 4-27-95 813-635-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087025