

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90174 016 ****61.25

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DOCUMENT # N18337

1. Corporation Name

ROTARY CLUB OF FROSTPROOF, INC.

Principal Place of Business

33 E. WALL ST.
FROSTPROOF FL 33843
US

Mailing Address

33 E. WALL ST.
FROSTPROOF FL 33843
US

2. Principal Place of Business

21 **2 East Wall Street**

Suite, Apt. #, etc.

22

City & State

23 **Frostproof, FL**

Zip Country

24 **33843**25 **Polk**

2a. Mailing Address

26 **P O Box 456**

Suite, Apt. #, etc.

27

City & State

28 **Frostproof, FL**

Zip Country

29 **33843-0456**30 **Polk.**

3. Date Incorporated or Qualified

12/18/1986

4. FEI Number

59-6209588

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

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

81 Name

William McDonald

82 Street Address (P.O. Box Number is Not Acceptable)

2 East Wall Street

83

84 City

Frostproof**FL**

85 Zip Code

33843

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

William McDonald
Signature, typed or printed name of registered agent and title if applicable.**William McDonald**
Director**04/27/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DT SMITH, BARBARA H**
STREET ADDRESS **8 EAST WALL ST**
CITY-ST-ZIP **FROSTPROOF FL**TITLE ☐ DELETE
NAME **DVP DUVALL, DAVID**
STREET ADDRESS **695 N SCENIC HWY**
CITY-ST-ZIP **FROSTPROOF FL 33843**TITLE ☒ DELETE
NAME **DP WOODLEY, MICHAEL**
STREET ADDRESS **163 WOODLEY RD**
CITY-ST-ZIP **FROSTPROOF FL**TITLE ☐ DELETE
NAME **DP BUDD, ANN L**
STREET ADDRESS **316 SUNSET RD.**
CITY-ST-ZIP **FROSTPROOF FL**TITLE ☒ DELETE
NAME **DS WILSON, JINX**
STREET ADDRESS **2 EAST WALL ST**
CITY-ST-ZIP **FROSTPROOF FL 33843**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Barbara H. Smith**
1.3 STREET ADDRESS **124 Maxcy Lane**
1.4 CITY-ST-ZIP **Frostproof, FL 33843**2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **David Duvall**
2.3 STREET ADDRESS **2 East Wall Street**
2.4 CITY-ST-ZIP **Frostproof, FL 33843**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **William McDonald**
6.3 STREET ADDRESS **2 East Wall Street**
6.4 CITY-ST-ZIP **Frostproof, FL 33843**

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: *Barbara H. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/99

941-635-2092

Date

Daytime Phone #

CR2E037 (11/98)