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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N28357** **(4)**

1. Corporation Name

ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.

Principal Place of Business	Mailing Address
2010 S.E. HWY 19 P. O. BOX 27 CRYSTAL RIVER FL 34423	2010 S.E. HWY 19 P. O. BOX 27 CRYSTAL RIVER FL 34423-0027

3. Date Incorporated or Qualified: 09/01/1988
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business
21: P.O. Box 27
22: Suite, Apt. #, etc.
23: City & State: Crystal River, FL
24: Zip: 34423-0027
25: Country: Ctrus

2a. Mailing Address
26: PO Box 27
27: Suite, Apt. #, etc.
28: City & State: Crystal River, FL
29: Zip: 34423-0027
30: Country: Ctrus

4. FEI Number: 59-2918952 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REYNOLDS, JACK P.
461 NW 14TH PLACE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name: Julie Kidder
82 Street Address (P.O. Box Number is Not Acceptable): 1304 SE 3rd Ave
83:
84 City: Crystal River FL 85 Zip Code: 34429

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: Julie Kidder — 2-5-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REYNOLDS, JACK P. 461 NW 14TH PLACE CRYSTAL RIVER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YERMAN, MARK 1 COURTHOUSE SQUARE IVERNESS FK	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGAN, JIM 598 E REGHILL STR. LECANTO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary/Director Julie Kidder 1304 SE 3rd Ave Crystal River, FL 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOCK,ROBERT 1226 NE 42ND AVE OCALA FL 34470	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER, ROBERT 3813 N. TIMICUA PT. CRYSTAL RIVER FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WUNSCH, GEORGE P.O.BOX 8 N/A CRYSTAL RIVER FL 34423	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Jack P. Reynolds — Jack P. Reynolds, Pres — 1/22/97 — 352-795-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064918