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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # N28357

1. Corporation Name

ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O BOX 27<br>CRYSTAL RIVER FL 34423-0027<br>US | P.O BOX 27<br>CRYSTAL RIVER FL 34423<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>09/01/1988 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2918952 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 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 |
|---|---|
| GRAWGER, ROBERT E<br>3813 N TIMOCUA PT<br>CRYSTAL RIVER FL 34428 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 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 | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REYNOLDS, JACK P. | | 1.2 NAME | | |
| STREET ADDRESS | 461 NW 14TH PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEWANDOWSKI, RUSSELL | | 2.2 NAME | | |
| STREET ADDRESS | 741 N COUNTRY CLUB DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KIDDER, JULIE | | 3.2 NAME | | |
| STREET ADDRESS | 1304 SE 3RD AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 4.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | NEWMAN, JEANNE | | 4. 2 NAME | WENDEL, ALBERT G. | |
| STREET ADDRESS | 1241 N EGRET POINT | | 4.3 STREET ADDRESS | 6782 S PINEBRANCH PT | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | | 4.4 CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GRANGER, ROBERT | | 5.2 NAME | | |
| STREET ADDRESS | 3813 N. TIMICUA PT. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOWE, MARK | | 6.2 NAME | | |
| STREET ADDRESS | 705 S WEST BEND POINT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LECANTO FL 34461 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED HOMOSASSA FL 2-17-99 352 621 0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #