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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N28418

1. Corporation Name

OLDSMAR, FLORIDA ROTARY CLUB, INC.

Principal Place of Business

%CHARLES S. DAYHOFF III
P. O. BOX 1372
OLDSMAR FL 34677

Mailing Address

%CHARLES S. DAYHOFF III
P. O. BOX 1372
OLDSMAR FL 34677

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90044 045 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/19/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2953855

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAYHOFF, CHARLES S. III
CORNERSTONE CENTRE
3830 TAMPA ROAD, SUITE 150
PALM HARBOR FL 34684

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 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

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 D ☒ DELETE

NAME EDWARDS, DOUG

STREET ADDRESS 420 E STATE ST

CITY-ST-ZIP OLDSMAR FL

TITLE D ☒ DELETE

NAME GILBERT, LARRY

STREET ADDRESS P.O. BOX 1372 N/A

CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ DELETE

NAME MULVHILL, JOHN

STREET ADDRESS 351 LAFAYETTE BLVD.

CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ DELETE

NAME BURNS, MARNE

STREET ADDRESS 100 STATE ST

CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ DELETE

NAME SCHROEDER, DAVID

STREET ADDRESS 3176 WINDMOR DR

CITY-ST-ZIP OLDSMAR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

R. Earl Halle

P.O. Box 633

Oldsmar, FL 34677

D ☐ Change ☒ Addition

Joel Goldberg

36157 E. Lake Rd

Palm Harbor, FL 34685

☒ Change ☐ Addition

34677

34677

100 State Street, West

34677

☐ Change ☐ Addition

☐ Change ☒ Addition

D

Robert King

3269 Montrose CR.

Palm Harbor, FL 34684

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:

SIGNATURES REQUIRED

2/4/99

813-855-4612

CR2E037 (1/198)