NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N29798

1. Corporation Name

ISLAND ROWING CLUB, INC.

| Principal Place of Business |
|-----------------------------|
| KIWANIS ISLAND PARK |
| 950 KIWANIS PARK RD |
| MERRITT IS FL 32953 |
| US |

2. Principal Place of Business

Mailing Address

9570 S TROPICAL TR MERRITT IS FL 32952

2a. Mailing Address

26

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90098 042 ****61.25

Applied For

458279 - 90098 - 42

3. Date Incorporated or Qualifed

12/20/1988

4. FEI Number

| City & Sta | te | 27 | · | | 65-0085094 | | Not | Applicable | | |
|---|--|-----------------------------------|---|---|-----------------------------|-------------------|---------------------------------------|------------|--|--|
| | te | | | | | | | | | |
| 22 | | City & State | | ļ | E 0.4%-1 501-1 5 | Desired | \$8.75 A | dditional | | |
| | • | 28 | | ì | 5. Certifcate of Status D | Jesired 🗀 | Fee Rec | quired | | |
| Zíp | Country | Zip | Country | | 6. Election Campaign F | inancing | \$5.00 | May Be | | |
| 24 | 25 | 29 30 | | | Trust Fund Contributi | - 11 | Added to | | | |
| 24] | 9. Name and Address of Current | | | | 10. Name and Address | of New Registered | Agent | | | |
| | | 81 | 81 Name 1 | | | | | | | |
| 2022 05 | MEGODY A | | 1 Name INGRAHAM, ROD | | | | | | | |
| POPP, GREGORY A. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | 1970 MICHIGAN AENUE, SUITE E | | | | 83 9570 SOUTH TRACKAL TRAIL | | | | | |
| COCOA FL 32922 | | | | | | | | | | |
| | • | | 84 | City | | FL | 85 Zip C | ode | | |
| | <u> </u> | | | WEER | | | | | | |
| 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 egent, 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 a | am familiar with, and accept the obligation | ons of, Section 617.0503, Florida | Statutes. | to corporation | | | | | | |
| SIGNATURE | Kneed I I | as al | | | | 4/2019 | 9 | | | |
| JONATORE | Stgnature, typed or printed name of registered agent | | | signature required w | | DATE | | 30.0140 | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGE | S TO OFFICERS A | | | | |
| TITLE | PDS | ☐ DELETE | 1.1 TITLE | l | | | Change | ☐ Addition | | |
| NAME | ingraham, ron | • | 1.2 NAME | 1 | | • | | | | |
| STREET ADDRESS | 9570 S TROPICAL TRAIL | | 1.3 STREET A | DORESS | | , | | | | |
| CITY-ST-ZIP | MERRITT ISLAND FL | | 1.4 CITY-ST-2 | ZIP | | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | | | | ☐ Change | ☐ Addition | | |
| NAME | POLLAK, STEVEN R | | 2.2 NAME | | | | | į | | |
| | | | 23 STREET A | ADDRESS | | | | | | |
| - | 1 ' | | | | | | | | | |
| | | DELETE - | | | | | Change | Addition | | |
| | 1 = | | *************************************** | - | | | | | | |
| | I · | | | DODGGG | | | | | | |
| | | | | | | | | 1 | | |
| | PALM BAT FL. | C DELETE | | · ZIP | | <u> </u> | Channe | Addition | | |
| | | C Dereie | | | | | criange | | | |
| NAME | | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET A | ADDRESS | | | | | | |
| CITY-ST-ZIP | , | | 4.4 CITY-ST- | ZIP | | | | | | |
| TITLE | į | ☐ DELETE | | i | | | Change | ☐ Addition | | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET A | ADORESS | | | | } | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-2 | ZIP . | | | | | | |
| TITLE | <u></u> | ☐ DELETE | 6.1 TITLE | | | • | Change | ☐ Addition | | |
| NAME | } | | 6.2 NAME | | | | | | | |
| | | | 6.3 STREET A | NDDRESS | | | | (| | |
| | | | 6.4 CITY-ST-2 | ZIP | | | | .] | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MELBOURNE FL 32935 D- ATKINSON, JOE 755 ARAGON ST NE PALM BAY FL | ☐ DELETE ☐ DELETE ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-2 6.1 TITLE 6.2 NAME 6.3 STREET A | ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS | | | ☐ Change | | | |

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: