

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33592 (9)

1. Corporation Name:

ROTARY CLUB OF PALM HARBOR CHARITIES, INC.

Principal Place of Business

Mailing Address

% ROBERT C. DICKINSON, III
P.O. BOX 515
PALM HARBOR FL 34682-7515

% ROBERT C. DICKINSON, III
P.O. BOX 515
PALM HARBOR FL 34682-7515

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2965167	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for franchise tax under § 199 U.S. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT C III
33920 U.S. 19 N. SUITE 200
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Robert C. Dickinson III* *Robert C. Dickinson III* 3/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	TREASURER
NAME	NELSON, JAMES P.	12. NAME	Nelson, James P.
STREET ADDRESS	2552 TRADEWINDS TRAIL	13. STREET ADDRESS	2552 Tradewinds Trail
CITY, ST, ZIP	PALM HARBOR FL	14. CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE	VD	21. TITLE	Robert C. Dickinson ☒ Change ☐ Addition
NAME	WILSON, WARREN A., III	22. NAME	Secretary
STREET ADDRESS	31608 US HWY 19 N	23. STREET ADDRESS	33920 U.S. Highway 19 N, Ste 200
CITY, ST, ZIP	PALM HARBOR FL	24. CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE	SD	31. TITLE	Pres. - Director ☐ Change ☐ Addition
NAME	SCHAUWEKER, JAMES W.	32. NAME	RShan Shikarpuri
STREET ADDRESS	5 FRESHWATER DRIVE	33. STREET ADDRESS	33920 U.S. Highway 19 N, Ste 222
CITY, ST, ZIP	PALM HARBOR FL	34. CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE	T	41. TITLE	Director ☐ Change ☐ Addition
NAME	SHIKARPURI, R. SHAN	42. NAME	Denise Windham
STREET ADDRESS	33920 US HWY 19 N ST 222	43. STREET ADDRESS	14448 Sandpiper Circle
CITY, ST, ZIP	PALM HARBOR FL	44. CITY, ST, ZIP	Clearwater, FL 34622
TITLE	D	51. TITLE	Ray E. Davis - Director ☐ Change ☐ Addition
NAME	BRANDON, DAVID L.	52. NAME	30 Rustic Ct.
STREET ADDRESS	557 US ALT 19	53. STREET ADDRESS	Palm Harbor, FL 34683
CITY, ST, ZIP	PALM HARBOR FL	54. CITY, ST, ZIP	
TITLE		61. TITLE	Director ☐ Change ☐ Addition
NAME		62. NAME	Brandon, David L.
STREET ADDRESS		63. STREET ADDRESS	557 U.S. Alt. 19
CITY, ST, ZIP		64. CITY, ST, ZIP	Palm Harbor, FL 34683

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator 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:

Denise S. Windham
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise S. Windham

3/8/95 813-799-3400
Date Telephone