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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90222 011 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N33592**

1. Corporation Name

**ROTARY CLUB OF PALM HARBOR CHARITIES, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/03/1989

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

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT C III  
33920 US 19 N, SUITE 269  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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

TITILE ☐ DELETE  
NAME **T NELSON, JAMES P**  
STREET ADDRESS **32845 US HWY 19 N**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITILE ☒ DELETE  
NAME **D DICKINSON, ROBERT C**  
STREET ADDRESS **33920 US HIGHWAY 19 N, STE 269**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITILE ☒ DELETE  
NAME **D SHIKARPURI, R. S**  
STREET ADDRESS **33920 US HWY 19 N, SUITE 290**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITILE ☒ DELETE  
NAME **SD WINDHAM, DENISE**  
STREET ADDRESS **14448 SANDPIPER CIRCLE**  
CITY-ST-ZIP **CLEARWATER FL**

TITILE ☒ DELETE  
NAME **DP HODGES, KENNETH**  
STREET ADDRESS **1320 MAIN ST**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITILE ☐ DELETE  
NAME **D RICHARDSON, DANIEL C**  
STREET ADDRESS **1073 CLIPPER WAY**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DS Susan L. Martin**  
2.3 STREET ADDRESS **28050 U.S. Hwy 19 North**  
2.4 CITY-ST-ZIP **Clearwater, FL 33761**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D Dennis W. Briggs**  
3.3 STREET ADDRESS **26750 U.S. Hwy 19 North**  
3.4 CITY-ST-ZIP **Clearwater, FL 34621**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **DP**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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**  
James P. Nelson

4/29/99

727-786-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)