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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49761

1. Corporation Name

THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2013 VERO BEACH FL 32960 P.O. BOX 2013 VERO BEACH FL 32960

FILED Feb 24, 1999 8:00 am Secretary of State

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					THE STATE OF THE S		\$ 81 6 11 1895
— , '	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed 07/02/1992		
21		26 Suite Act # etc			4. FEI Number	Apr	lied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.	- T.	ماشيداد ۽ مان اسا	65-0416241~	 	Applicable
22		City & State				\$8.75 A	
City & State	e	⊢ '			5. Certifcate of Status Desired	Fee Red	-
23	Country	28	Cou	ntry	6. Election Campaign Financing	\$5.00	·
. Zip	´	<u> </u>	30	,	Trust Fund Contribution	Added to	
24	9. Name and Address of Current		וטכ		10. Name and Address of New Registered		
	5. Name and Address of Current	Vehisteren väerr		81 Name		<u> </u>	
BRACKINS				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
5240 - 201				83			-
VERO BEA	ACH FL 32960	•		00			
€* - 16				84 City	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes	s the a	ove-named com	oration submits this statement for the purpose of	changing its	registered
office or n	registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	thorized	by the corporation	on's board of directors. I hereby accept the appoi	ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered	Agent signature require	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TI	T.E.	•	☐ Change	Addition
NAME	SCHUMANN, JOHN J JR		1.2 N	ME .		•	
STREET ADDRESS	P O BOX 1268 N/A		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32961		1.4 CI	TY-ST-ZIP			
TITLE	DT	☐ DELETE	2.1 TI	TLE .		Change	Addition
NAME	BARTON, KATHRYN		2.2 N	ME			
STREET ADDRESS	P O BOX 2211 N/A		2.3 \$1	REET ADDRESS			
	VERO BEACH FL 32961			TY-ST-ZIP	A STATE OF WAR TO SE		
CITY-ST-ZIP	DS	DELETE	3.1 TI			☐ Change	☐ Addition
	ROSS, CARL		3.2 N				
NAME	275 DATE PALM RD		1	REET ADDRESS			
STREET ADDRESS	VERO BCH FL 32963			TY-ST-ZIP			
CITY-ST-ZIP	VENO DOLL LE 32303	☐ DELETE	4.1 TI		1	☐ Change	Addition
TITLE	<u> </u>	ب مددد د	4.111 4.2 N		NACE ALLIE ENT	•	_
NAME				REET ADDRESS	785 CORAL WAY N.		
STREET ADDRESS				V.	785 CORAL WAY N. ERO BEACH FL 32963		
CITY-ST-ZIP		☐ DELETE	4.4 CI			Change	Addition
TITLE			5.1 II				
NAME				REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			5.4 C	TY-ST-ZIP	<u> </u>	Chanca	☐ Addition
TITLE		☐ DELETE	1			Change Change	☐ vacapou
NAME	214		6.2 N	· - [
STREET ADDRESS	1:			REET ADDRESS			
			6.4 C	TY-ST-ZIP	•		

Y-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Daytime Phone #