

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 13 1998 8:00am
Secretary of State



DOCUMENT # N92000000541 (4)

1. Corporation Name

ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORID
A, U.S.A., INC.

Principal Place of Business

Mailing Address

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

65-0353123

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. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, BRITT W
3405 NW FEDERAL HIGHWAY
SUITE 104
JENSEN BEACH FL 34957

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

TITLE PD
NAME FRANK, BRITT
STREET ADDRESS 1874 SE VAN KLEFF AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☒ DELETE

TITLE PD
NAME HOOPER, RAY
STREET ADDRESS 2132 HARDING ST
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE TD
NAME ONDROVIC, LOUIS
STREET ADDRESS 2914 MOHAWK AVE
CITY-ST-ZIP FT PIERCE FL

☒ DELETE

TITLE SD
NAME CAMERON, RICK
STREET ADDRESS 3490 SW THISTLEWOOD LN
CITY-ST-ZIP PALM CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Christopher Lynch
1.3 STREET ADDRESS 1246 B NW Sun Terrace Circle
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986

☒ Change

☒ Addition

2.1 TITLE VD
2.2 NAME AL Soricelli
2.3 STREET ADDRESS 1250 SW Marmore Ave
2.4 CITY-ST-ZIP Port St. Lucie, FL 34953

☐ Change

☒ Addition

3.1 TITLE TD
3.2 NAME LINDA BARTZ
3.3 STREET ADDRESS 1334 SW Irving St.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34983

☒ Change

☒ Addition

4.1 TITLE SD
4.2 NAME Debra Swanson
4.3 STREET ADDRESS 2042 SE HANFORD RD
4.4 CITY-ST-ZIP Port St. Lucie, FL 34952

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME 800002662228
5.3 STREET ADDRESS -10/13/98--01010--028
5.4 CITY-ST-ZIP ***61.25

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: Linda Bartz

9-30-98

(561) 879-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)