

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000001701 (2)

1. Corporation Name

ROTARY CLUB OF EAST ARLINGTON, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 59
JACKSONVILLE FL 32201**

**P.O. BOX 59
JACKSONVILLE FL 32201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3179136

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 intangible tax under S. 190.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURANT, STEPHEN H
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

WINGFIELD, GARY L

STREET ADDRESS

3943 HEATH RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VPD

NAME

SHARP, ROBERT A

STREET ADDRESS

1803 UNIVERSITY BLVD. S.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

TD

NAME

LOBERGER, MICHAEL J

STREET ADDRESS

344 MONUMENT RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

SD

NAME

DURANT, STEPHEN H

STREET ADDRESS

3000 INDEPENDENT SQUARE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P

SHARP, ROBERT A

1803 UNIVERSITY BLVD. S.

JACKSONVILLE FL

VPD

MICHAEL CARTER

2570 ATLANTIC BLVD. #1

JACKSONVILLE, FL

TD

FRANCO, JACKIE

9550 REGENCY SQUARE BLVD.

JACKSONVILLE FL

SD

DUTILL, FRANK

341 W. FORSYTH ST.

JACKSONVILLE FL

14. I do 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)(k), Florida Statutes. I further certify that the information is accurate 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Notary Public #

3/13/95 904 354 2050