

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90011 029 ****61.25

DOCUMENT # N93000001701

1. Corporation Name

ROTARY CLUB OF EAST ARLINGTON, INC.

Principal Place of Business

P.O. BOX 59
JACKSONVILLE FL 32201

Mailing Address

P.O. BOX 59
JACKSONVILLE FL 32201



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

59-3179136

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

DURANT, STEPHEN H
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	TURNER, FRANK	9928 BLAKEFORD MILL ROAD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
TD	STANFORD, RICK	12917 JUPITER HILLS CIRCLE SOUTH	JACKSONVILLE FL	<input checked="" type="checkbox"/>
SD	SELAH, MIKE	1310 CHINOOK TRAIL COURT	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VD	RICHARDSON, LAUREL	12040 HIDDEN HILLS DRIVE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Laurel Richardson	12040 Hidden Hills Drive	Jacksonville, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Rich Hatfield	12930 Jupiter Hills Circle South	JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Tim Davis	1449 Cove Landing Dr	Atlantic Beach, FL 32233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Diantha Grant	2131 MANGO PLACE	JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99 904-354-2050

CR2E037 (5/99)