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Jan 20 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003022 (1)**

1. Corporation Name

ORMOND BEACH WEST ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**521 SOUTH YONGE STREET
ORMOND BEACH FL 32174**

**C/O RICHARD A. BURT
150 S. PALMETTO AVE., BOX A
DAYTONA BCH. FL 32114
US**

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

59-3203961

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURT, RICHARD A
150 SOUTH PALMETTO AVENUE
BOX A
DAYTONA BEACH FL 32114**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, FRANCIS	
STREET ADDRESS	1032 RIDGEWOOD AVE	
CITY - ST - ZIP	HOLLY HILL FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ron Bynum	
1.3 STREET ADDRESS	217 Riverbend Rd	
1.4 CITY - ST - ZIP	Ormond Beach, FL 32174	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENKINS, DAVID	
STREET ADDRESS	4 OLD TRAILS	
CITY - ST - ZIP	ORMOND BEACH FL	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lewance Scovotto	
2.3 STREET ADDRESS	2710 John Bull	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33306	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, JODY	
STREET ADDRESS	6 SUNWOOD TRAIL	
CITY - ST - ZIP	ORMOND BEACH FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Jenkins	
3.3 STREET ADDRESS	4 Old Trail	
3.4 CITY - ST - ZIP	Ormond Beach, FL 32174	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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.

SIGNATURE:

David Jenkins

1/8/98

(904) 673-9222

CR2E037 (10/97)