FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001417 (4)

1. Corporation Name

ROTARY CLUB OF WEST JACKSONVILLE, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 382055 JACKSONVILLE FL 32238	POST OFFICE BOX 382055 JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:
4. FEI Number: 59-1298191 ☐ 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. 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SACK, MARTIN JR.
2064 PARK STREET
JACKSONVILLE FL 32204

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREWS, WILLIAM H	1.2 NAME		
STREET ADDRESS	4651 ALGONQUIN AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAKER, J. KENNETH	2.2 NAME		
STREET ADDRESS	5120 CHARLEMAGNE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HERZOG, GERALD W	3.2 NAME		
STREET ADDRESS	100 PLANTATION CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SACK, MARTIN JR.	4.2 NAME		
STREET ADDRESS	1560 LANCASTER TERRACE, #908	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	[redacted] D	☐ Change ☒ Addition
NAME	GIBSON, CECIL F III	5.2 NAME	JOHN RUNION	
STREET ADDRESS	11568 LOIS CROSS DRIVE	5.3 STREET ADDRESS	4816 KING RICHARD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	6.1 TITLE	D. W.	☐ Change ☒ Addition
NAME	DAWKINS, DEWITT CLINTON	6.2 NAME	CARROLL MANN	
STREET ADDRESS	4808 PRINCE EDWARD ROAD	6.3 STREET ADDRESS	4616 NOTTINGHAM RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

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)(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: Martin Sack Jr. MARTIN SACK, JR., SEC. 4-18-95 904-387-0085
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

COMPLETE