FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # **N94000001417 (4)**

1. Corporation Name
ROTARY CLUB OF WEST JACKSONVILLE, FLORIDA, INCOR PORATED

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

3. Date Incorporated or Qualified: 03/21/1994

4. FEI Number: 59-1298191 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

GIBSON, CECIL F III
300 WEST ADAMS STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: H. DAVIS COLLIER
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. LAURA ST. 37th FLOOR
83
84 City: JACKSONVILLE, FL 85 Zip Code: 32202

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: H. Collier H. D. COLLIER — 1-15-98
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	P	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SACK, MARTIN J		1.2 NAME	PHILLIPS, WILLIAM T.	
STREET ADDRESS	1560 LANCASTER TREEACE 9054		1.3 STREET ADDRESS	3586 HEDRICK STREET	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	VP	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	PHILLIPS, WILLIAM T		2.2 NAME	CECIL F. GIBSON III	
STREET ADDRESS	3586 HEDRICK STREET		2.3 STREET ADDRESS	22586 LOIS CROSS DR	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	S	☐ DELETE	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	GIBSON, CECIL F III		3.2 NAME	DAWKINS, DEWITT C, III	
STREET ADDRESS	22586 LOIS CROSS DRIVE		3.3 STREET ADDRESS	4808 PRINCE EDWARD RD	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	T	☐ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	DAWKINS, DEWITT C III		4.2 NAME	H. DAVIS COLLIER	
STREET ADDRESS	4808 PRINCE EDWARD RD		4.3 STREET ADDRESS	4256 ROBIN HOOD Rd	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	☐ DELETE	5.1 TITLE	PLATT, HARRY T III	☒ Change ☐ Addition
NAME	WATSON, THOMAS C SR		5.2 NAME	4376 ROMA BLVD	
STREET ADDRESS	2371 BRIDGETTE WAY		5.3 STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORHAMAN, PAUL J		6.2 NAME		
STREET ADDRESS	2932 STRATFORD CHASE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: H. Collier H. D. COLLIER — 1-15-98 — 904-634-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #