2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
02-14-2003 90240 001 ****61.25

DOCUMENT # N94000001417

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPRINGER, JOSEPH P 1551 POINTER DRIVE W JACKSONVILLE FL 32221	Name: MATTHEWS, WARD Street Address (P.O. Box Number is Not Acceptable): 4097 GLENHURST DRIVE NORTH City: JACKSONVILLE FL Zip Code: 32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ward Matthews 2/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LARSON, GREGORY R 4028 TIMUQUANA ROAD JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CORRIGAN, MICHAEL L JR 1464 AVONDALE CIRCLE JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SPRINGER, JOSEPH P 1551 POINTER DRIVE W JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VOSS, PHILIP D 4551 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DT PRENDERGAST, MICHAEL G 1916 WOODMERE DRIVE JACKSONVILLE, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DS MATTHEWS, WARD 4097 GLENHURST DRIVE NORTH JACKSONVILLE, FL 32224	☐ Change ☒ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Treasurer 2/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #