

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000673 (2)

1. Corporation Name

ROTARY CLUB OF ORANGE PARK CHARITABLE FOUNDATION
, INC.



Principal Place of Business

Mailing Address

31 FOX VALLEY DR
ORANGE PARK FL 32073

31 FOX VALLEY DR
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3303368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, N. WAYNE
31 FOX VALLEY DR
ORANGE PARK FL 32073

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	PD	☒ DELETE
NAME	STEPHENS, HINSON L	
STREET ADDRESS	2669 E HOLLY POINT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	☒ DELETE
NAME	BATTEN, RONALD N	
STREET ADDRESS	1718 SHORELINE PL	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	STD	☐ DELETE
NAME	ALLEN, N. WAYNE	
STREET ADDRESS	31 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☒ DELETE
NAME	POWERS, JOHN C	
STREET ADDRESS	2179 FOXWOOD CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☐ DELETE
NAME	RIVERS, E. VAUGHAN	
STREET ADDRESS	2245 REED ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Stephens, Hinson L.	
1.3 STREET ADDRESS	2669 E. Holly Point	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Willis, William L.	
2.3 STREET ADDRESS	138 Creek Hollow Lane	
2.4 CITY-ST-ZIP	Middleburg, FL 32043	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	☐ Change ☒ Addition
4.2 NAME	DiLoreto, Thomas P.	
4.3 STREET ADDRESS	6839 Old Church Road	
4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Wayne Allen, Sec./Treas 4/19/96

Date Daytime Phone: #

CR2E037 (12/95)