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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000673

1. Corporation Name

ROTARY CLUB OF ORANGE PARK CHARITABLE FOUNDATION , INC.

563703 - 90001 - 30

Principal Place of Business	Mailing Address
~~31 FOX VALLEY DR~~ ~~ORANGE PARK FL 32073~~	~~31 FOX VALLEY DR~~ P.O. Box 445 ~~ORANGE PARK FL 32073~~ Orange Park FL 32067-0445

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 445	3. Date Incorporated or Qualified 02/08/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3303368	Applied For Not Applicable
City & State 23	City & State 28 Orange Park FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32067-0445 / 30 Clay	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Teresa Harrington, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 1405 Kingsley Avenue
83
84 City: Orange Park FL 85 Zip Code: 32073

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: X Teresa Harrington — 4-22-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WILLIS, WILLIAM L~~ ~~108 CREEK HOLLOW LANE~~ ~~MIDDLEBURG FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer Mark Easterling D 2351 Bridgette Way Green Cove Springs FL 32043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~ALLEN, N WAYNE~~ ~~31 FOX VALLEY DR~~ ~~ORANGE PARK FL 32073~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Helen E. Williford D 2410 Lorrie Drive Orange Park, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DILORETO, THOMAS F~~ ~~6639 OLD CHURCH RD~~ ~~GREEN COVE SPRIGNS FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ President SMALLWOOD, KENNETH E 2342 GLEN FINNAN DR ORANGE PARK FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ President Elect ROBERTS, GERALD 3919 TIMUQUANA RD JACKSONVILLE FL 32210	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Kirk H. Young 2672 Holly Point Rd West Orange Park, FL 32073	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mark Easterling, Treas — 5.1.99 — 904-269-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #