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

DOCUMENT # NOSOOOOR73



01-21-2003 90540 010 ****61.25

Secretary of State

FILED

Jan 21, 2003 8:00 am "

Entity Name					
OTARY CLUB OF ORANGE INC.	PARK CHARITABLE FOUNDATION				
incipal Place of Business	Mailing Address				

ROTARY (CLUB OF ORANGE PARK CH	ARITABLE FOUNDATIO	N		•	21 2003 300 10 01	0 01.	
Principal Place 31 FOX VALLE ORANGE PARK		Mailing Address P.O. BOX 445 ORANGE PARK FL 32073			4 MARININI DIA 402	BJ BJAJ BOUR BBJA BBAJ BOUL B	1111 80118 8 1184 13	ÜBE NAN ALLI
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				D2 C	CHECK HERE IF MAKIN	G CHANGES	3	
City & Star	te	City & State			4. FEI Number 59	⊦ 3303368		pplied For ot Applicable
Zip	Country	Zip	Country	. سنو		atus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Addi	ress of New Registered	Agent	
	GTON, TERESA CPA IGLEY AVENUE		Street A	ddress (F	P.O. Box Number is N	lot Acceptable)	<u> </u>	·
	PARK FL 32073		 .		-			
			City			FI.	Zip Cod	ie
	e named entity submits this statement for	r the purpose of changing its re	gistered office or	registere	ed agent, or both, in t	the State of Florida. I am	familiar with	and accept
the congar	nong or regionered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatu	ure required v	when reinstating)	DATE		 [
. '	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	Trust Fund Cor			Added to Fees		rtment of	State
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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:

SIGNA

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