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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N95000002488 (3)**

1. Corporation Name

ROTARY CLUB OF LEHIGH, INC.

Principal Place of Business	Mailing Address
921 GLENN AVENUE LEHIGH ACRES FL 33936	PO BOX 803 LEHIGH ACRES FL 33970-0803

3. Date Incorporated or Qualified: 05/22/1995	3a. Date of Last Report: 05/21/1996
4. FEI Number: 59-1578293	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGLISH, JOSEPH C 921 GLENN AVENUE LEHIGH ACRES FL 33936	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~ROST, JIM~~	1.2 NAME	TONY WISEMAN
STREET ADDRESS	~~418 LINCOLN AVENUE~~	1.3 STREET ADDRESS	1407 GRAHAM CIR
CITY-ST-ZIP	~~LEIGH ACRES FL 33936~~	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, LARRY	2.2 NAME	
STREET ADDRESS	17770 CYPRESS CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOCKE, FREDERICK C	3.2 NAME	
STREET ADDRESS	123 SEBRING CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	~~TD~~ ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~WISEMAN, TONY~~	4.2 NAME	
STREET ADDRESS	~~1407 GRAHAM CIRCLE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~LEHIGH ACRES FL 33936~~	4.4 CITY-ST-ZIP	
TITLE	~~D~~ ☐ DELETE	5.1 TITLE	TD ☐ Change ☒ Addition
NAME	~~GOODLAD, JOHN~~	5.2 NAME	BEN BELL
STREET ADDRESS	~~1998 FT. DENAUD ROAD~~	5.3 STREET ADDRESS	300 THOMPSON
CITY-ST-ZIP	~~ALVA FL 33920~~	5.4 CITY-ST-ZIP	LEHIGH ACRES, FL 3392
TITLE	D ☐ DELETE	6.1 TITLE	DVP ☒ Change ☐ Addition
NAME	GORMAN, JAMES	6.2 NAME	
STREET ADDRESS	105 MAPLE AVE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: James M. Gorman Director 3/18/97 941-369-3782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058078