

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 # N95000003110 (2)

1. Corporation Name

TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.



Principal Place of Business

Mailing Address

**7751 EVENING STAR LANE
TALLAHASSEE FL**

**PO BOX 4368
TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified

07/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-72/0900

Applied For

Not Applicable

22

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

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

**BREWSTER, JAMES R
547 N MONROE ST
SUITE 203 THE WALKER BUILDING
TALLAHASSEE FL 32301**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	HEADLEY, J C II	
STREET ADDRESS	7751 EVENING STAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MENDELSON, JAMES M	
STREET ADDRESS	7751 EVENING STAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEURMANN, MILTON E	
STREET ADDRESS	7751 EVENING STAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BREWSTER, JAMES R	
STREET ADDRESS	7751 EVENING STAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Mendelson	
1.3 STREET ADDRESS	7751 Evening Star Lane	
1.4 CITY-ST-ZIP	Tallahassee, Fla. 32312	
2.1 TITLE	900001888889	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-07/10/96--01013--012	
2.3 STREET ADDRESS	***61.25	
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice-President	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diane M. Redinger	
3.3 STREET ADDRESS	7751 Evening Star Lane	
3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
4.1 TITLE	MILTON E BEURMANN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR CLUB SERVICE	
4.3 STREET ADDRESS	7751 EVENING STAR LANE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C.H. SCHWABER	
5.3 STREET ADDRESS	7597 SKIPPERS	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James Mendelson James Mendelson

4/17/96

(904) 993-2287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)