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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32312****PO BOX 4068
TALLAHASSEE FL 32315-4068**3. Date Incorporated or Qualified
07/01/19953a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 3370 Capital Circle, N.E.**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A**27**

City & State

City & State

23 Tallahassee, FL**28**

Zip

Country

Zip

Country

24 32308**25****29****30**

4. FEI Number

23-7210900

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
REDINGER, DIANE M
7751 EVENING STAR LANE
TALLAHASSEE FL 32312** ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MENDELSON, JAMES M
7751 EVENING STAR LANE
TALLAHASSEE FL 32312** ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEURMANN, MILTON E
7751 EVENING STAR LANE
TALLAHASSEE FL 32312** ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHWAUBZH, C.H.
7751 EVENING STAR LANE
TALLAHASSEE FL 32311** ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PD
3183 Capital Circle, N.E.
Tallahassee, FL 32308** ☒ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**SD
Sherron, Gene
6131 Heartland Circle
Tallahassee, FL 32312** ☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**VD
4092 Duffy Court
Tallahassee, FL 32308** ☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**TD
Priester, James M.
3370 Capital Circle, N.E.
Tallahassee, FL 32308** ☐ Change ☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 904-385-093

CR2E037 (9/96)