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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

3370 CAPITAL CIRCLE NE  
SUITE A  
TALLAHASSEE FL 32308  
US

PO BOX 4068  
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified

07/01/1995

4. FEI Number

23-7210900

Applied For

Not Applicable

2. Principal Place of Business

21 6131 HEARTLAND CIR

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

TALLAHASSEE, FL

28 City & State

TALLAHASSEE, FL

24 Zip

32312

25 Country

LEON

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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 PD ☒ DELETE

NAME REDINGER, DIANE M  
STREET ADDRESS 3183 CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ DELETE

NAME SHERRON, GENE  
STREET ADDRESS 6131 HEARTLAND CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☒ DELETE

NAME BEURMANN, MILTON E  
STREET ADDRESS 4092 DUFFY COURT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☒ DELETE

NAME PRIESTER, JAMES M  
STREET ADDRESS 3370 CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition

1.2 NAME JAMES R. BREWSTER  
1.3 STREET ADDRESS 547 N. MONROE ST., STE 203  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32301

2.1 TITLE TREAS./DIRECTOR ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VICE PRES/DIRECTOR ☐ Change ☒ Addition

3.2 NAME LINDA HUFF  
3.3 STREET ADDRESS 210-134 BRADFORD RD.  
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

5/28/98

870-385-0193

CR2E037 (10/97)