1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500003110 1. Corporation Name

TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.

Principal Place of Business 6131 HEARTLAND CIR SUITE A TALLAMASSEE FL 32312

PO BOX 4068

TALLAHASSEE FL 32315

FILED 99 MAR 29 AM 9: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	
21 /480	7 Timberlane Road	26	-	7	07/01/1995	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	136		4. FEI Number	Applied For
22 C/o	The Wharf	27	par		23-7210900	Not Applicable
City & Stat	e	City & State	71		5. Certificate of Status Desired	\$8.75 Additional
23 - 1 1/1/	ALMSIER FC	28	7		3. Certificate of Status Desired	Fee Required
Zio	Country	Žip	Country		6. Election Campaign Financing	\$5.00 May Be
24 32	312 25 USA	29 30	0		Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
			81	Name		
BREWSTER, JAMES R			82 Street Address (P.O. Box Number is Not Acceptable)			
547 N MONROE ST						
SUITE 203 THE WALKER BUILDING						
TALLAHASSEE FL 32301			84	City	me a 85 Zip Code	
1				'	FL corporation submits this statement for the purpose of	• [ · ]
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of im familiar with, and accept the obligation	ns of, Section 617.0503, Florid	a Statutes	ина согра	oration's board of directors. I hereby accept the appo	mission as registered
OIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	egistered Ager	nt signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	Brewster, James R		1.2 NAME		GUDDDSSS	IPPR
STREET ADDRESS	547 N MONROE ST STE 203		1.3 STREET	T ADDRESS	600002831 -04/06/99 ******61.25	-01973027
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-S	T-ZIP	**************************************	*****
TITLE	TD	☐ DELETE	2.1 TITLE	ļ		Change Addition
NAME	SHERRON, GENE		22 NAME			
STREET ADDRESS	6131 HEARTLAND CIRCLE		23 STREET	TADORESS		
CITY-ST-ZIP	TALLAHASSEE FL		2 4 CITY-5	ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE	ļ	VD	Change Addition
NAME	HUFF, LINDA	A 1	3.2 NAME		LEINDACK, ISTUCE _ DI (	•
STREET ADDRESS	P .		3.3 STREE	T ADDRESS	1669 MAHON CENTER BING.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		34. CITY-5	ST-ZIP	Trilahave, FC 32308	
TITLE		☐ DELETE	4.1 TITLE		Leinback, Bruce 1669 Mahan Center Blud. TAILINAMULE, FC 32308 SD METCAIF, DAVID 2066 Thomasuille Road Tallabanes, FC	☐ Change Additio
NAME			4.2 NAME		METCAIF, DAVID	• •
STREET ADDRESS			4.3 STREE	TADORESS	2066 Thomasville Road	
CITY-ST-ZIP			4.4 CiTY+S	T-29P	TALLAKANEN, FC	32312
TITLE		☐ DELETE	5.1 TITLE		,	Change Addition
NAME			52 NAME			
STREET ADDRESS				TADORESS		
CITY-\$1-ZIP			54 CITY-S	T-ZIP		
TIMLE		☐ DELETE	61 TITLE			☐ Chappe ☐ Additio
NAME			62 NAME			750191
STREET ADDRESS			63 STREE	T ADORESS		3101
	1		64 City-S	T-710		<b>∽</b> •

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, with all other life empowered.

SIGNATURE:

150-561-1037