

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 29 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003110

1. Corporation Name

TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.

Principal Place of Business

6131 HEARTLAND CIR
SUITE A
TALLAHASSEE FL 32312
US

Mailing Address

PO BOX 4068
TALLAHASSEE FL 32315



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1480 Timberlane Road	26		07/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	C/O The Wharf	27		23-7210900	Applied For
City & State		City & State		Not Applicable	
23	Tallahassee FL	28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	32312	29			
Country		Country			
25	USA	30			

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, JAMES R	1.2 NAME	
STREET ADDRESS	547 N MONROE ST STE 203	1.3 STREET ADDRESS	600002831226 - G
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	-04/06/99 - 01978 - 024
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRON, GENE	2.2 NAME	
STREET ADDRESS	6131 HEARTLAND CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFF, LINDA	3.2 NAME	Leinback, Bruce
STREET ADDRESS	210 - 134 BRADFORD RD	3.3 STREET ADDRESS	1669 Mahan Center Blvd.
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Metcalf, David
STREET ADDRESS		4.3 STREET ADDRESS	2066 Thomasville Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other IRE empowered.

SIGNATURE:

[Signature]

1/8/99

850-361-1037

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3/29/99