

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003865 (1)**

1. Corporation Name

NORTH PORT ROTARY CLUB FOUNDATION, INC.

Principal Place of Business

% DOUGLAS W. GRISSINGER
18301 S. TAMiami TRAIL
NORTH PORT FL 34287

Mailing Address

% DOUGLAS W. GRISSINGER
18301 S. TAMiami TRAIL
NORTH PORT FL 34287



3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 **13801 S. TAMiami TR.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **13801 S. TAMiami TR.**

Suite, Apt. #, etc.

22

City & State

23 **NORTH PORT, FL**

Zip

24 **34287**

Country

25

City & State

27 **NORTH PORT FL**

Zip

29 **34287**

Country

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRISSINGER, DOUGLAS W
13801 S. TAMiami TRAIL
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **GRISSINGER, DOUGLAS W**
STREET ADDRESS **1000 CRESTWOOD ROAD**
CITY - ST - ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ DELETE

NAME **OKONKWO, LOUIS O**
STREET ADDRESS **728 MIRADO LANE**
CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ DELETE

NAME **RUSSELL, EDMUND C**
STREET ADDRESS **5158 WILTON COURT**
CITY - ST - ZIP **NORTH PORT FL 34287**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)