

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90128 001 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000001783**

1. Corporation Name

**FLORIDA MULTIDISTRICT ROTARY YOUTH EXCHANGE, INC**

Principal Place of Business

1108 PALMVIEW AVE.  
BELLEAIR FL 34616-1013

Mailing Address

1108 PALMVIEW AVE.  
BELLEAIR FL 34616-1013

157214 90128 1 4



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3445807

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

9. Name and Address of Current Registered Agent

CLARK, KEITH  
1108 PALMVIEW AVE.  
BELLEAIR FL 34616-1013

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 CD ☐ DELETE  
NAME CLARK, KEITH  
STREET ADDRESS 1108 PALMVIEW AVE.  
CITY-ST-ZIP BELLEAIR FL 34616-1013

TITLE D ☐ DELETE  
NAME DR SANDY BURKART  
STREET ADDRESS P O BOX 173 N/A  
CITY-ST-ZIP COCONUT CREEK FL 33097

TITLE D ☐ DELETE  
NAME SIEGAL, JOHN  
STREET ADDRESS 3625 LAKE EMMA  
CITY-ST-ZIP LAKE MARY FL 32741

TITLE S ☐ DELETE  
NAME KAMINGA, LEW  
STREET ADDRESS 608 W. SWAN AVE.  
CITY-ST-ZIP TAMPA FL 33606-2728

TITLE D ☐ DELETE  
NAME WILLIAMS, LINDSAY  
STREET ADDRESS 1318 SAN MATEO DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE T ☐ DELETE  
NAME JORGE BLONDET  
STREET ADDRESS 2701 E 122ND AVE  
CITY-ST-ZIP TAMPA FL 33612

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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: KEITH CLARK 3/10/99 (727) 586-4646

CR2E037 (11/98)