

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008731

Entity Name: DEERWOOD ROTARY CHARITIES, INC.**Current Principal Place of Business:**C/O EDWARD C. AKEL
1 INDEPENDENT DRIVE #2301
JACKSONVILLE, FL 32202**Current Mailing Address:**C/O EDWARD C. AKEL
1 INDEPENDENT DRIVE #2301
JACKSONVILLE, FL 32202**FEI Number:** 59-3761129**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name DRIVER, G. RAY
Address 8055 PINE LAKE ROAD
City-State-Zip: JACKSONVILLE FL 32256Title DIRECTOR, PRESIDENT ELECT
Name BERNHARDT, WESTLEY
Address 7996 PINE LAKE ROAD
City-State-Zip: JACKSONVILLE FL 32256Title DIRECTOR, SERGEANT AT ARMS
Name AULL, JEFF
Address 8233 SHADY GROVE RD
City-State-Zip: JACKSONVILLE FL 32256Title PRESIDENT NOMINEE, DIRECTOR
Name MENDELSON, BRIAN
Address 10917 CROSSWICKS ROAD
City-State-Zip: JACKSONVILLE FL 32256Title SECRETARY, DIRECTOR
Name DRAKE, ERIC
Address 10324 DEERWOOD CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32256Title TREASURER, DIRECTOR
Name EMANS, CHRIS
Address 7650 HOLLYRIDGE ROAD
City-State-Zip: JACKSONVILLE FL 32256Title OTHER
Name AKEL, EDWARD C
Address 8098 SHADY GROVE RD
City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD C AKEL

OTHER

07/30/2016

Electronic Signature of Signing Officer/Director Detail_____
Date