

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 # 705391 (1)

1. Corporation Name

ROTARY CLUB OF PLANT CITY, FLORIDA, INC.



Principal Place of Business

Mailing Address

611 W. HAINES STREET
 P.O. BOX 1404
 PLANT CITY FL 33566
 US

P.O. BOX 1404
 PO BOX 1404
 PLANT CITY FL 33566-1404
 US

3. Date Incorporated or Qualified 03/28/1963	3a. Date of Last Report 07/20/1995
4. FEI Number 59-2346796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, CHARLES S.
 104BN EVERS STREET
 PLANT CITY FL 33568**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DV
NAME	HEROLD, BILLY	1.2 NAME	
STREET ADDRESS	P.O. BOX 38	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000	1.4 CITY-ST-ZIP	33566
TITLE	DT	2.1 TITLE	OP
NAME	WICKER, BILL	2.2 NAME	
STREET ADDRESS	1906 JIM REDMAN PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	33566
TITLE	DS	3.1 TITLE	DT
NAME	PETRINA, JIM	3.2 NAME	
STREET ADDRESS	414 WIGGINS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	33566
TITLE	DV	4.1 TITLE	DS
NAME	GORDON, RANDY	4.2 NAME	Reggie Holt
STREET ADDRESS	4912 NW PROVIDENCE	4.3 STREET ADDRESS	4933 Liberty Lane
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Lakeland, FL
TITLE	D	5.1 TITLE	D
NAME	PAROLINI, BILL	5.2 NAME	Todd Pakas
STREET ADDRESS	1005 N. TEAKWOOD DRIVE	5.3 STREET ADDRESS	105 S. Wheeler St,
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City, FL
TITLE	D	6.1 TITLE	
NAME	MERRIN, JOE	6.2 NAME	
STREET ADDRESS	304 E. BAKER	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	33566

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: *William P. Wicker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Wicker

6-10-96

Date

813-752-3073

Daytime Phone #