

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # 713510 (6)

1. Corporation Name

CAMP ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2171
LAKELAND FL 33806-2171

P.O. BOX 2171
LAKELAND FL 33806-2171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1967
3a. Date of Last Report 06/23/1994
4. FEI Number 59-2011019
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1151
Suits, Apt. #, etc.

26 P.O. Box 1151
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Haven, Florida

28 Winter Haven, Florida

24 33882-1151
25 USA

29 33882-1151
30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWLEY, WESLEY H
625 HAWTHORNE TRAIL
LAKELAND FL 33803

81 Name Andrew P. Trakas
82 Street Address (P.O. Box Number is Not Acceptable) 123 Avenue C, S.W.
83
84 City Winter Haven FL 85 Zip Code 33880

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE

Wesley H Cowley
Signature of Wood or printed name of registered agent and title if applicable.

Andrew P. Trakas
(NOTE: Registered Agent signature required when reinstating)

3/16/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	OETERS, FRED
STREET ADDRESS	924 WEDGEWOOD LN
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	V
NAME	GIROUARD, SCOTT R
STREET ADDRESS	125 12TH ST SE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	S
NAME	SMITH, LEVIE Jr.
STREET ADDRESS	101 DORIS DR
CITY-ST-ZIP	LAKELAND FL 33801
TITLE	P
NAME	STERLING, WILLIAM
STREET ADDRESS	1540 ARIANA BLVD
CITY-ST-ZIP	LAKELAND FL Auburn Dale, FL 33823
TITLE	D
NAME	STERLING, BILL
STREET ADDRESS	P.O. BOX 1313
CITY-ST-ZIP	AUBURDALE 33-93823
TITLE	D
NAME	KIBLER, THOMAS B
STREET ADDRESS	123 KENTUCKY Ave. N.
CITY-ST-ZIP	LAKELAND FL 33813

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andrew P. Trakas
1.3 STREET ADDRESS	123 Avenue C, S.W.
1.4 CITY-ST-ZIP	Winter Haven, FL 33880
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Terry McGee
2.3 STREET ADDRESS	5716 Emerald Ridge Drive
2.4 CITY-ST-ZIP	Lakeland, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald Jack
3.3 STREET ADDRESS	5301 U.S. Highway 27 South
3.4 CITY-ST-ZIP	Lake Wales FL 33853
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	I.B. "Doc" Hardy
4.3 STREET ADDRESS	3411 Lakeview Drive, S.E.
4.4 CITY-ST-ZIP	Winter Haven, FL 33884
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gerald W. Trout
5.3 STREET ADDRESS	1236 Lake Miriam Drive
5.4 CITY-ST-ZIP	Lakeland FL 33813
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jackie Asbury
6.3 STREET ADDRESS	1516 Loughton Avenue
6.4 CITY-ST-ZIP	Lakeland FL 33803

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wesley H Cowley
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

3/16/95 (813) 299-5675
Date Daytime Phone