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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1996

713510 (6)

CAMP ROTARY FOUNDATION, INC.



mincipat Mace	of Business	Ma ling A	ddress					
P O BOX 1151 WINTER HAVE	1 En FL 33882-1151	P O BO WINTER	X 1151 HAVEN FL 3386	12-1151				
US .		US				3. Date Incorporated or Qualified 10/24/1967	3a. Date of Las 03/22/	
2. Principal Pla	ace of Business	2a. Mailir	ig Address			4. FEI Number 59-2011019		Applied For Not Applicable
Suite, Apt. (#, etc.		, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	9		s State	22111		Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zipi	Country 25	7 p		Count	ry	8. This corporation has liability for	ntangible tax under Yes No	s. 199.032,
• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Curre		Agent	1001		10. Name and Address of New R	egistered Agent	
	9. Name and Address of Core	chi noglotorea		8	1 Name			
TRAKAS,	, andrew P			8	2 Street Add	ens (P.O. Box Number is Not Acceptab	ile)	
	NUE C, S.W. HAVEN FL 33880		83		1. 11 1 2		······································	
******	70,70			8	4 City		FL 85	Zıp Code
						ration submits this statement for the pured of directors. I berety accept the app		o registered office
12 . Tr'LE	Signature: typed or printed name of regelered age OFFICERS A	ND DIRECTORS		13.	ger I signature recjoire	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
11. FE			•					
NAME	DETERS, FRED			1.2 NAN	/E	Trout, Gerald W.		
	OETERS, FRED 924 WEDGEWOOD LN				eet address	1236 Lake Miriam Dr		
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TREET ADDRESS ATY-ST-ZIF HILE AME STREET ADDRESS DIV-S*-ZIP HILE AME STREET ADDRESS	924 WEDGEWOOD LN LAKELAND FL P GIROUARD, SCOTT R 125 12TH ST SE WINTER HAVEN FL S SMITH, LEVIE J		DELETE	1 3 STR 1 4 C/IV 2 1 TITC 2 2 NAN 2 3 STR 2 4 C/IT 3 1 TITL 3 2 NAN 3 3 STR 3 4 C/IT	EET ADDRESS (-ST-ZIP E AF EET ADDRESS Y-ST-ZIP E ME HEET ADDRESS Y-ST-ZIP F ME HEET ADDRESS Y-ST-ZIP	1236 Lake Miriam Dr	☐ Chang	ge [] Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that his signature shall have the same effect as it made disk 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 chapted, or on an attachment with an address.

SIGNATURE:

OR DIRECTOR

2/8/96