## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 7135

(6)

FILED
Jan 29 1997 8:00am
Secretary of State

CAMP ROTARY FOUNDATION, INC.											
Principal Place of Business Mailing Address								-{	OU DIEN DIEN D	I#II 111111 T	1844 B1811 4881
P O BOX 1151 WINTER HAVEN FL 33882-1151 US  P O BOX 1151 WINTER HAVEN FL 33882-1151 US  US											
								3. Date Incorporated or Qualified 10/24/1967	3a. Date 02	of Last R <b>!/14/19</b>	
2. Principal P	Place of Busin	ness		2a. Mailing Address 26				4. FEI Number 59-2011019		<del></del>	pplied For
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22 City & Stat	te			City & State				6. Election Campaign Financing			quired
23	. <u>-</u>		28	<del>}</del> —, '				Trust Fund Contribution		\$5.00 Added	
Zip	Zip		Zip	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24			29	· · · · · · · · · · · · · · · · · · ·	30	10]		Florida Statutes  10. Name and Address of New Re	Yes 1		
	9, Name	and Address of Cu	Hallt Habistelan Wo	Henr	8	1	Name	10. Name and Address of New He	Jistereu Age	ent	
TRAKAS	S, ANDREW	ı Þ			8:	1	Ot at Anima	/BO Book London in No.	1-1		
	ENUE C, S.						Street Addr	t Address (P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33880						83					
					8-	4	City		8	35 Zip	Code
44 5	10 Al 7 (10 Al 10 Al		0500 - 1017 1500			┸			<u>FL</u>	Ш.,	
office or r agent. I a SIGNATURE	registered ag am familiar w	gent, or both, in the Sith, and accept the ol	tate of Florida. Such bligations of, Section	change was 617.0503, F	authorized to lorida Statute	oy t es.	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	t the appoint	tment as	registered
	Signature, typed	or printed name of registeres		) (NC		genl	s gnature require	ed when reinstaling)	DATE		
12.	VAV C	OFFICERS	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		RECTOF Change	IS IN 12 Addition
TITLE NAME	XXX S	S, FRED	1			1.1 TITLE 1.2 NAME				Change	☐ ¥0dilion
STREET ADDRESS		DGEWOOD LN			1.3 STREE		DORESS				
CITY-ST-ZIP	LAKELA				1.4 CITY-						
TITLE	XX P			DELETE	2.1 TITLE					Change	☐ Addition
NAME		ARD, SCOTT R			22 NAME	E					
STREET ADDRESS		TH ST SE			2.3 STREE	ET A	DDRESS				
CITY-ST-ZIP		R HAVEN FL		DG: 575	2. 4 CITY		- ZIP				- 14 (19)s
TITLE	XX D	LEDAE I		☐ DELETE	3.1 TITLE				Ц	Change	☐ Addition
NAME CTREET ADDDCCC	SMITH, 101 DO	LEVIE J			3.2 NAM8		DDBECC				
STREET ADDRESS CITY-ST-ZIP	LAKELA				3,3 STREI 3,4. CITY						
TITLE	D	MAD I L		DELETE	4 1 TITLE	_	-211		·	Change	Addition
NAME	1 -	GERALD W			4, 2 NAM	E	}			_	
STREET ADDRESS		AKE MIRIAM DR			4.3 STREE	et ai	DDRESS				
CITY-ST-ZIP	LAKELA				4.4 CITY	ST-	ZIP				
TITLE	T			DELETE	5.1 TITLE					Change	Addition
HAME		S, ANDREW P			5.2 NAME						
STREET ADDRESS		ENUE C, S.W.			5.3 STREI	ET AI	DDRESS				
CITY-ST-ZIP		R HAVEN FL	<del></del>	DELETE	54 CITY-		ZIP			06-	T 1.100
TITLE	D	7101110		DELETE	6.1 TITLE					Change	Addition
NAME		, THOMAS B			6.2 NAME		DD0500				
STREET ADDRESS		NTUCKY BLVF			6.3 STREE						i
CITY-ST-ZIP	LAKELA	NU FL		<del> </del>	6.4 CITY	-ST-	ZIP		<del></del> _		

14. I do 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.

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