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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713510 (6)
 1. Corporation Name
CAMP ROTARY FOUNDATION, INC.



Principal Place of Business P O BOX 1151 WINTER HAVEN FL 33882-1151 US	Mailing Address P O BOX 1151 WINTER HAVEN FL 33882-1151 US
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3. Date Incorporated or Qualified 10/24/1967	
4. FEI Number 59-2011019	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
TRAKAS, ANDREW P
123 AVENUE C, S.W.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when restating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OETERS, FRED	
STREET ADDRESS	924 WEDGEWOOD LN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIROUARD, SCOTT R	
STREET ADDRESS	125 12TH ST SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LEVIE J	
STREET ADDRESS	101 DORIS DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TROUT, GERALD W	
STREET ADDRESS	1236 LAKE MIRIAM DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRAKAS, ANDREW P	
STREET ADDRESS	123 AVENUE C, S.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIBLER, THOMAS B	
STREET ADDRESS	123 KENTUCKY BLVD	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary B. Schemmer	
1.3 STREET ADDRESS	400 Avenue K, S.E.	
1.4 CITY-ST-ZIP	Winter Haven, Florida, 33880	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald M. Jack	
2.3 STREET ADDRESS	4738 MacDonald	
2.4 CITY-ST-ZIP	Lake Wales, Florida	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: _____ **Jan. 23/98** **941-299-5675**

CR2E037 (10/97)