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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713510

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2011019
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P.D	<input type="checkbox"/> DELETE
NAME	OETERS, FRED	
STREET ADDRESS	924 WEDGEWOOD LN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D - V.P.	<input type="checkbox"/> DELETE
NAME	SCHEMMER, GARY B	
STREET ADDRESS	400 AVENUE K SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LEVIE J	
STREET ADDRESS	101 DORIS DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROUT, GERALD W	
STREET ADDRESS	4236 LAKE MIRIAM DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRAKAS, ANDREW	
STREET ADDRESS	123 AVENUE C, S.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACK, RONALD M	
STREET ADDRESS	4738 MACDONALD	
CITY-ST-ZIP	LAKE WALES 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	Lyonel Lindsey	
1.3 STREET ADDRESS	2522 Jonila Avenue	
1.4 CITY-ST-ZIP	Lakeland, FL 33803	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Bregler	
2.3 STREET ADDRESS	6504 Timucuans Cir.	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terry McGee	
3.3 STREET ADDRESS	5716 Emerald Ridge Dr.	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jackie Asbury	
4.3 STREET ADDRESS	1516 Leighton Avenue	
4.4 CITY-ST-ZIP	Lakeland, FL 33803	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Geoff Wood	
5.3 STREET ADDRESS	228 Ash Lane	
5.4 CITY-ST-ZIP	Lakeland, FL 33813	
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, with all other like empowered.

SIGNATURE: Andrew Trakas Jan. 28/99 941-299-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)