

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724560 (8)**

1. Corporation Name  
**BELLEAIR BLUFFS ROTARY CLUB, INC.**



Principal Place of Business <b>2310 W. BAY DR. LARGO FL 34640 US</b>	Mailing Address <b>PO BOX 1624 LARGO FL 33779-1624 US</b>
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3. Date Incorporated or Qualified <b>10/13/1972</b>	3a. Date of Last Report <b>02/23/1996</b>
4. FEI Number <b>23-7280153</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**FORD, EDWIN  
2310 W. BAY DRIVE  
LARGO FL 34640**

**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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, EDWIN</b>	
STREET ADDRESS	<b>2310 W. BAY DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, AMY</b>	
STREET ADDRESS	<b>1485 S FORT HARRISON AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, JEFF</b>	
STREET ADDRESS	<b>5851 42ND AVE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIOTT, THOMAS</b>	
STREET ADDRESS	<b>9277 ELM CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SPELL, WILLIAM</del>	
STREET ADDRESS	<del>2293 INDIAN AVE NORTH</del>	
CITY-ST-ZIP	<del>BELLEAIR BLUFFS FL 34640</del>	
TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>ALAND, PAT</b>	
STREET ADDRESS	<b>11193 SEMINOLE BLVD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>T/D</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P/D</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>S/D Crouch, Sandra</b>
5.3 STREET ADDRESS	<b>350 East Bay Drive</b>
5.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Sandra Crouch, Sec. of State* 1-9-97 813-585-3111 x154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052054

CR2E037 (9/96)