

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 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 # 740111 (0)
1. Corporation Name
ROTARY CLUB OF AVON PARK, INC.



Principal Place of Business 19 E-MAIN-ST. AVON-PARK-FL-33825-	Mailing Address P.O. BOX 81 AVON PARK FL 33825
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3. Date Incorporated or Qualified 09/13/1977	
4. FEI Number 59-6209661	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HILTON, FORREST H.
702 US 27 NORTH
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	1.1 TITLE
NAME	JARRETT, BILL	D
STREET ADDRESS	2558 PONCE DE LEON PARKWAY	HILTON, FORREST H.
CITY-ST-ZIP	AVON PK FL	702 U.S. 27 North
	<input type="checkbox"/> DELETE	AVON PK FL 33825
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	2.1 TITLE
NAME	SAGER, WILLIAM C	D
STREET ADDRESS	1545 W. POINSETTIA DR.	WILFORD J. BEUMEL
CITY-ST-ZIP	AVON PARK FL 33825	905 LAKE ANGELO DR.
	<input type="checkbox"/> DELETE	AVON PARK, FL 33825
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	3.1 TITLE
NAME	BARBER, TOM	D
STREET ADDRESS	439 SHOCKLEY RD.	BURNIS H. BUSHONG
CITY-ST-ZIP	AVON PK. FL	901 W. LAKE ISIS AVE.
	<input checked="" type="checkbox"/> DELETE	AVON PARK, FL 33825
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	4.1 TITLE
NAME	WELLS, STANLEY	
STREET ADDRESS	106 WEST MAIN STREET	
CITY-ST-ZIP	AVON PARK FL	
	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	5.1 TITLE
NAME	BARBEN, JOHN	
STREET ADDRESS	658 LAKE LOTELA DRIVE	
CITY-ST-ZIP	AVON PARK FL	
	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE
NAME	GENTRY, DOUG	
STREET ADDRESS	3808 MONZA DRIVE	
CITY-ST-ZIP	SEBRING FL	
	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(f), 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: _____ **1-15-98** (941) 453-7408
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0055475

CR2E037 (10/97)