

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **757933** (7)
1. Corporation Name
THE ROTARY CLUB OF ALTAMONTE SPRINGS-FOREST CITY, INC.

Principal Place of Business 1035 SUNSHINE LANE SUITE 108 ALTAMONTE SPRINGS FL 32714 US	Mailing Address P O BOX 162322 ALTAMONTE SPRINGS FL 32716 US
--	--

3. Date Incorporated or Qualified 05/08/1981	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1879137		

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
---	--

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	

9. Name and Address of Current Registered Agent

**PARRY, JACK
1130 NEW JERSEY AVE
ALTAMONTE SPRINGS FL 32714**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYNATT, MIKE	
STREET ADDRESS	584 HEATHER BRITE CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAUCK, RUSSEL	
STREET ADDRESS	823 EBB DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DETLAFF, KRISTIN	
STREET ADDRESS	30845 RIDGECREST TERRACE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DESOUZA, ADRIENNE	
STREET ADDRESS	301 WICKHAM COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	PARRY, JACK	
STREET ADDRESS	1130 NEW JERSEY AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MODARRES, MARK	
1.3 STREET ADDRESS	217 N. WESTMONT DRIVE #3031	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIEGEL, JOHN	
2.3 STREET ADDRESS	1779 MARKHAM GLEN CIRCLE	
2.4 CITY-ST-ZIP	LONGWOOD FL 32779	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE SOUZA, ADRIENNE	
3.3 STREET ADDRESS	301 WICKHAM COURT	
3.4 CITY-ST-ZIP	LONGWOOD FL 32779	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUIDA, FRANK	
4.3 STREET ADDRESS	515 RIVERA DRIVE	
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
5.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAUCK, RUSSEL	
5.3 STREET ADDRESS	823 EBB DRIVE	
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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: Russell Hauck **RUSSEL E HAUCK** 3/29/98 407-381-8255

CR2E037 (10/97)