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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23685 (3)

1. Corporation Name
ROTARY CLUB OF PALM BAY, FLORIDA, INCORPORATED



Principal Place of Business 2188 HARRIS AVE. N E. #2 PALM BAY FL 32905	Mailing Address POST OFFICE BOX 060357 PALM BAY FL 32906-0357
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1987		3a. Date of Last Report 02/21/1996	
21		26		4. FEI Number 59-1691565		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HAMPTON, MIKE
3920 PONDEROSA RD.
VALKARIA FL 32905

81 Name **FRANK T. HORNE**

82 Street Address (P.O. Box Number is Not Acceptable)
1099 MEADOW BROOK RD. NE.

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84 City **PALM BAY** FL 85 Zip Code **32905**

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 Frank T. Horne Pres. DATE 4/1/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P FRANK HORNE Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, MIKE	1.2 NAME	1099 Meadow Brook Rd. NE.
STREET ADDRESS	3920 PONDEROSA RD.	1.3 STREET ADDRESS	PALM BAY, FL 32905
CITY-ST-ZIP	VALKARIA FL 32905	1.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNE, FRANK	2.2 NAME	Andy Ziegler
STREET ADDRESS	1098 MOHAWK AVE. N.W.	2.3 STREET ADDRESS	207 South Gate Blvd.
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, SAM	3.2 NAME	
STREET ADDRESS	567 PINETREE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, DAVE	4.2 NAME	Jim Blevins
STREET ADDRESS	7350 TALONA AVE.	4.3 STREET ADDRESS	1399 Meadow Brook Rd. NE.
CITY-ST-ZIP	MELBOURNE FL 32904	4.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GARY	5.2 NAME	
STREET ADDRESS	170 SHERWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIVER, PATRICIA S	6.2 NAME	James Whitley
STREET ADDRESS	8695 WHISPERING PINES LANE	6.3 STREET ADDRESS	320 Bell's Court, SE.
CITY-ST-ZIP	GRANT FL 32949	6.4 CITY-ST-ZIP	PALM BAY, FL 32909

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.

JAMES S. WHITLEY, Treas.

CFR2E037 (9/96)