

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:13

DOCUMENT # N34267 (7)

1. Corporation Name

MAITLAND ROTARY YOUTH LODGE CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ROBERT T. MELLEN, JR. 1120 TOM GURNEY DRIVE WINTER PARK FL 32789	% ROBERT T. MELLEN, JR. 1120 TOM GURNEY DRIVE WINTER PARK FL 32789

3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 01/27/1994
4. FEI Number 59-2920171	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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		
24 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MELLEN, ROBERT T., JR. 1120 TOM GURNEY DRIVE WINTER PARK FL 32789	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLEN, ROBERT T., JR.	1.2 NAME	
STREET ADDRESS	1120 TOM GURNEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, JAMES	2.2 NAME	
STREET ADDRESS	633 DOMMERICH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLOU, SIDES P.	3.2 NAME	O.C. HALYARD
STREET ADDRESS	1340 PLACE PICARDY	3.3 STREET ADDRESS	1871 CHOCTAW TRAIL
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, MARSHALL	4.2 NAME	
STREET ADDRESS	1070 DRUID DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIGGINS, HILL	5.2 NAME	
STREET ADDRESS	470 N LAKE SYBELIA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HARRISON K.T. VOORHEES II
STREET ADDRESS		6.3 STREET ADDRESS	901 PACE AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MAITLAND FL 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 607.0702, 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James G. Houser, Treas. 10 FEB 95 (407) 644-6881  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES G. HOUSER, TREAS.