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Jan 24 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 # N34267 (7)
1. Corporation Name
MAITLAND ROTARY YOUTH LODGE CORPORATION



Principal Place of Business % ROBERT T. MELLEN, JR. 1120 TOM GURNEY DRIVE WINTER PARK FL 32789	Mailing Address % ROBERT T. MELLEN, JR. 1120 TOM GURNEY DRIVE WINTER PARK FL 32789-1213
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3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 02/01/1996
4. FEI Number 59-2920171	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MELLEN, ROBERT T., JR.
1120 TOM GURNEY DRIVE
WINTER PARK FL 32789**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALYARD, O.C.		3.2 NAME	
STREET ADDRESS 1871 CHOCTAW TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOORHEES, HARRISON K.T.		6.2 NAME	
STREET ADDRESS 901 PACE AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		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: *James G. Houser* (JAMES G. HOUSER) 10 JAN 97 (407) 644-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012517

CR2E037 (9/96)