

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date Incorporated or Qualified <b>09/19/1989</b>	
4. FEI Number <b>59-2920171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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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	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MELLEN, ROBERT T., JR.</b>
STREET ADDRESS	<b>1120 TOM GURNEY DRIVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HOUSER, JAMES</b>
STREET ADDRESS	<b>633 DOMMERICH DR.</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>HALYARD, O.C.</b>
STREET ADDRESS	<b>1871 CHOCTAW TRAIL</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GIBBS, MARSHALL</b>
STREET ADDRESS	<b>1070 DRUID DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STIGGINS, HILL</b>
STREET ADDRESS	<b>470 N LAKE SYBELIA DR</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VOORHEES, HARRISON K.T.</b>
STREET ADDRESS	<b>901 PACE AVE</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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: *James G. Houser* **JAMES G. HOUSER** 7 Jan 98 (407) 644-6881

CR2E037 (10/97)