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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34267

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2920171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

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 DELETE

NAME MELLEN, ROBERT T., JR.
 STREET ADDRESS 1120 TOM GURNEY DRIVE
 CITY-ST-ZIP WINTER PARK FL

TITLE DELETE

NAME HOUSER, JAMES
 STREET ADDRESS 633 DOMMERICH DR.
 CITY-ST-ZIP MAITLAND FL

TITLE DELETE

NAME DS HALYARD, O.C.
 STREET ADDRESS 1871 CHOCTAW TRAIL
 CITY-ST-ZIP MAITLAND FL

TITLE DELETE

NAME D GIBBS, MARSHALL
 STREET ADDRESS 1070 DRUID DRIVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DELETE

NAME D STIGGINS, HILL
 STREET ADDRESS 470 N LAKE SYBELIA DR
 CITY-ST-ZIP MAITLAND FL

TITLE DELETE

NAME D VOORHEES, HARRISON K.T.
 STREET ADDRESS 901 PACE AVE
 CITY-ST-ZIP MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 with all other like empowered.

SIGNATURE:

James Halyard
 TREASURER

21 Jan 99

Date

(407) 644-6881

Daytime Phone #

CR2E037 (1/98)