

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

APPROVED  
AND  
FILED

95 MAY - 1 AM 10:15

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N41214** (0)

1. Corporation Name

**ROTARY CLUB OF EUSTIS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 1331  
EUSTIS FL 32727

P O BOX 1331  
EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6209584** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAYLORD, FRANK T.  
804 NORTH BAY STREET  
EUSTIS FL**

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 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

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	<b>T</b>
NAME	<b>FURNAS, WILLIAM M</b>
STREET ADDRESS	<b>PO DRAWER 580, 21 E PINEHURST BLVD</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>S</b>
NAME	<b>OLIVER, DON</b>
STREET ADDRESS	<b>210 BRYAN ST</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>D</b>
NAME	<b>STEARMAN, MIKE</b>
STREET ADDRESS	<b>P O BOX 1331 N/A</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>D</b>
NAME	<b>HOWARD, HERB</b>
STREET ADDRESS	<b>P O BOX 1331 N/A</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>DV</b>
NAME	<b>CARPENTER, KENNETH W.</b>
STREET ADDRESS	<b>2308 FAIRVIEW COURT</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>P</b>
NAME	<b>SCHNIEDER, HENRY J J</b>
STREET ADDRESS	<b>PO BOX 1281 NA</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**REMITTED BY MAY 1**

SIGNATURE:

*William M. Furnas*  
WILLIAM M. FURNAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-95

504-588-1700

(Date)

(Telephone)