

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41214** (0)

1. Corporation Name
ROTARY CLUB OF EUSTIS, INC.



Principal Place of Business: **P O BOX 1331 EUSTIS FL 32727**
Mailing Address: **P O BOX 1331 EUSTIS FL 32727**

3. Date Incorporated or Qualified: **12/13/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6209584**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**GAYLORD, FRANK T.
804 NORTH BAY STREET
EUSTIS FL**

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	FURNAS, WILLIAM M	
STREET ADDRESS	PO DRAWER 580, 21 E PINEHURST BLVD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, DON	
STREET ADDRESS	210 BRYAN ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEARMAN, MIKE	
STREET ADDRESS	P O BOX 1331 N/A	
CITY-ST-ZIP	EUSTIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, HERB	
STREET ADDRESS	P O BOX 1331 N/A	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, KENNETH W.	
STREET ADDRESS	2306 FAIRVIEW COURT	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNIEDER, HENRY J J	
STREET ADDRESS	PO BOX 1281 NA	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	P/D DUGAL M. BUIB III
23 STREET ADDRESS	500 JACKSON ST
24 CITY-ST-ZIP	EUSTIS FL 32726
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	V/D MICHAEL J. BAKICH
33 STREET ADDRESS	1023V S. HWY 441
34 CITY-ST-ZIP	LEESBURG FL 34788
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	S/D GARY LASHBY
43 STREET ADDRESS	429 E MAGNOLIA AVE
44 CITY-ST-ZIP	EUSTIS FL 32726
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D SETH A BUIS
53 STREET ADDRESS	19320 SPRING OAK DR
54 CITY-ST-ZIP	EUSTIS FL 32726
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D. LEWIS W. STONE
63 STREET ADDRESS	PO BOX 2048
64 CITY-ST-ZIP	EUSTIS FL 32727

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William M Furnas 6-18-96 352-587-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)