


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18, 1999 8:00am
Secretary of State

0013733

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

02-18-1999 90008 024 *****61.25

DOCUMENT # **N41214**

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
--	--



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 12/13/1990
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6209584
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURNAS, WILLIAM M	1.2 NAME	
STREET ADDRESS	PO DRAWER 580, 21 E PINEHURST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZ, GARY K	2.2 NAME	
STREET ADDRESS	2105 PREVATT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDZYNSKI, JAMES	3.2 NAME	
STREET ADDRESS	2824 S GROVE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHLEY, GARY	4.2 NAME	
STREET ADDRESS	18408 CAYMAN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William M. Furnas **REQUIRED** 1-29-99 352-589-1700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

002027 111098