

# 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 # **N46258** (2)  
1. Corporation Name  
**ROTARY CLUB OF KEY LARGO, INC.**



Principal Place of Business: P.O. BOX 252, KEY LARGO FL 33037  
Mailing Address: P.O. BOX 252, KEY LARGO FL 33037

3. Date Incorporated or Qualified: **12/03/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0298310**  
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 (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**FITZPATRICK, DENNIS J**  
**36 S BOUNTY LANE**  
**STE M-3**  
**KEY LARGO FL 33037**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 then it applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DT NAME: FITZPATRICK, DENNIS J. STREET ADDRESS: 36 S. BOUNTY LANE CITY-ST-ZIP: KEY LARGO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: DT 1.2 NAME: WILLIAM A. ANDERSON 1.3 STREET ADDRESS: 99196 OVERSEAS HWY SUITE 7 1.4 CITY-ST-ZIP: KEY LARGO, FL 33037-2437
TITLE: D NAME: HERLTH, BETTE B. STREET ADDRESS: 24 BUCANEER DRIVE CITY-ST-ZIP: KEY LARGO FL 33037	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: DP NAME: WOLGAST, DALE STREET ADDRESS: 73 HIGH POINT ROAD CITY-ST-ZIP: TAVERNIER FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DP 3.2 NAME: BARBARA WHITLA 3.3 STREET ADDRESS: 101425 OVERSEAS HWY 3.4 CITY-ST-ZIP: KEY LARGO, FL 33037
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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 changing or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)