

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 # **N46360** (6)
1. Corporation Name
ROTARY'S CAMP FLORIDA, INC.



Principal Place of Business
**1915 CAMP FLORIDA RD.
BRANDON FL 33510
US**

Mailing Address
**1915 CAMP FLORIDA RD.
BRANDON FL 33510
US**

3. Date Incorporated or Qualified **12/09/1991** 3a. Date of Last Report **08/16/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3096120	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. Zip	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
EDENFIELD, MICHAEL S. 206 MASON ST. BRANDON FL 33511		81. Name	Newberry, David		
		82. Street Address (P.O. Box Number is Not Acceptable)	3815 South Nine Drive		
		83. City	Brandon		
		84. State	FL	85. Zip Code	33594

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 617.0903, Florida Statutes.

SIGNATURE: *David L. Newberry* **DAVID L. NEWBERRY** DATE: **4-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, MICHAEL S	1.2 NAME	D
STREET ADDRESS	206 MASON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Brandon, Florida 33511
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, DAVID	2.2 NAME	Newberry, David
STREET ADDRESS	1955 W. LUMSDEN ROAD	2.3 STREET ADDRESS	3815 South Nine Drive
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Valrico, Florida 33594
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANDY	3.2 NAME	
STREET ADDRESS	1520 BOGIE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Florida 33612
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPANGLER, JACK	4.2 NAME	Rolfe Duggar
STREET ADDRESS	1501 S. CHURCH STREET, #203	4.3 STREET ADDRESS	4699 Central Aenue
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	St. Petersburg, Florida 33713
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ANNE	5.2 NAME	D
STREET ADDRESS	2107 E. COLLEGE	5.3 STREET ADDRESS	Richard McVean
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP	516 Nantucket Drive
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 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: *Andrew W. Johnson* **ANDREW W. JOHNSON TREASURER** DATE: **4-15-96** DAYTIME PHONE: **813-925-9210**

CR2E037 (12/95)