

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mopham Secretary of State DIVISION OF CORPORATIONS
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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 33510-3902 US
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3. Date Incorporated or Qualified 12/09/1991	3a. Date of Last Report 04/22/1996
4. FEI Number 59-3096120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**NEWBERRY, DAVID
3815 SOUTH NINE DRIVE
BRANDON, FL 33594**

10. Name and Address of New Registered Agent
81 Name
ROLFE DUGGAR
82 Street Address (P.O. Box Number is Not Acceptable)
4699 CENTRAL AVENUE
83
84 City
ST. PETERSBURG FL 85 Zip Code
33713

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: *[Signature]* **ROLFE D. DUGGAR** 2/11/97
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	D	<input checked="" type="checkbox"/> DELETE
NAME	EDENFIELD, MICHAEL S	
STREET ADDRESS	206 MASON ST	
CITY-ST-ZIP	BRANDON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NEWBERRY, DAVID	
STREET ADDRESS	3815 SOUTH NINE DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ANDY	
STREET ADDRESS	1520 BOGIE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ROLFE DUGGAR	
STREET ADDRESS	4699 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD MCVEAN	
STREET ADDRESS	518 NANTUCKET DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROLFE DUGGAR		
1.3 STREET ADDRESS	4699 CENTRAL AVENUE		
1.4 CITY-ST-ZIP	ST. PETERSBURG		
2.1 TITLE	VICE PRESIDENT	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JIM MOOHAN, PDG		
2.3 STREET ADDRESS	415 CACTUS LANE		
2.4 CITY-ST-ZIP	SEFFNER, FL 33584		
3.1 TITLE	TREASURER	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TERRY ARMENTROUT		
3.3 STREET ADDRESS	1001 N. WASHINGTON BLVD		
3.4 CITY-ST-ZIP	SARASOTA, FL 34236		
4.1 TITLE	SECRETARY	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIKE EDENFIELD		
4.3 STREET ADDRESS	206 MASON STREET		
4.4 CITY-ST-ZIP	BRANDON, FL 33511		
5.1 TITLE	ASSISTANT SECRETARY	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAM MOORE		
5.3 STREET ADDRESS	1915 CAMP FLORIDA ROAD		
5.4 CITY-ST-ZIP	BRANDON, FL 33510		
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, unchanged or as an attachment with an address.

SIGNATURE: *[Signature]* **ROLFE D. DUGGAR** 2/11/97 813-3281944
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0045369

CR2E037 (9/96)