

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 US
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3. Date Incorporated or Qualified  
**12/09/1991**

4. FEI Number  
**59-3096120**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

24 25 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No n/c

9. Name and Address of Current Registered Agent  
**DUGGAR, ROLF**  
**4699 CENTRAL AVE.**  
**ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name	<b>ROLFE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAR, ROLF	1.2 NAME	
STREET ADDRESS	4699 CENTRAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOHAN, JIM P	2.2 NAME	
STREET ADDRESS	415 CACTUS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENTROUT, TERRY	3.2 NAME	
STREET ADDRESS	1001 N WASHINGTON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, MIKE	4.2 NAME	
STREET ADDRESS	206 MASON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAM	5.2 NAME	
STREET ADDRESS	1915 CAMP FLORIDA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	
TITLE		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)(f), 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: ~~SIGNATURE REQUIRED~~

1/14/98 R/S GRS 3014

CF2E037 (10/97)