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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N46360

1. Corporation Name
ROTARY'S CAMP FLORIDA, INC.

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

405313-90219-24



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	12/09/1991
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-3096120
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Country	Zip Country	29	30	6. Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent
 81 Name **Jim Moohan**
 82 Street Address (P.O. Box Number is Not Acceptable)
415 Cactus Circle
 83
 84 City **Seffner** FL 85 Zip Code **33584**

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 of 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: *Jim Moohan* DATE: **3/25/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUGGAR, ROLFE	
STREET ADDRESS	4699 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOOHAN, JIM P	
STREET ADDRESS	415 CACTUS LANE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARMENTROUT, TERRY	
STREET ADDRESS	1001 N WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EDENFIELD, MIKE	
STREET ADDRESS	206 MASON ST	
CITY-ST-ZIP	BRANDON FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MOORE, PAM	
STREET ADDRESS	1915 CAMP FLORIDA RD	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Jim Moohan		
1.3 STREET ADDRESS	415 Cactus Circle		
1.4 CITY-ST-ZIP	Seffner, FL 33584		
2.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Richard McVean		
2.3 STREET ADDRESS	516 Nantucket Drive		
2.4 CITY-ST-ZIP	Temple Terrace, FL 33617		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Jim Moohan* DATE: **3/25/99** 813 685-8635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)