

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90039 033 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000003363**

1. Corporation Name

**THE ROTARY CLUB OF ORLANDO, INC.**

Principal Place of Business

32 W. GORE ST., SUITE 500  
 ORLANDO FL 32806

Mailing Address

32 W. GORE ST., SUITE 500  
 ORLANDO FL 32806



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number  
 59-0581956

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

HOLLIS, BARBARA  
 32 W. GORE ST., SUITE 500  
 ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEGBANK, LARRY	
STREET ADDRESS	2807 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANDQUIST, DIANE	
STREET ADDRESS	75 S IVANHOE	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCOTT, KEN	
STREET ADDRESS	1936 LEE RD, 3270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAUSHLE, CARL	
STREET ADDRESS	2233 LEE RD #101	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASON, WALTER	
STREET ADDRESS	900 S MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, MARY ANN	
STREET ADDRESS	30 S MAGNOLIA #250	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P. ROBERT C. FORD
4.3 STREET ADDRESS	1560 EAGLES NEST Cir.
4.4 CITY-ST-ZIP	Winter Springs, Fl.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. Pamela Ison
5.3 STREET ADDRESS	2861 So. Delaney Ave.
5.4 CITY-ST-ZIP	Orlando, Fl. 32806
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 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 407-422-9686  
 Date Daytime Phone #

CR2E037 (1/98)