FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07336 (3)

1. Corporation Name
ROTARY CLUB OF LEESBURG, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
907 WEBSTER STREET P.O.BOX 2722 LEESBURG FL 34748-5026	907 WEBSTER STREET P.O.BOX 2722 LEESBURG FL 34748-5026

3. Date Incorporated or Qualified: 01/28/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2514102 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

SAYLOR, BRUCE A.
907 WEBSTER STREET
LEESBURG FL 32748

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VPD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~ESKELI, TERRENCE L~~	1.2 NAME	ESKELI, Terrence L.	
STREET ADDRESS	~~15 ELDERBERRY CT~~	1.3 STREET ADDRESS	11222 Elderberry Ct	
CITY-ST-ZIP	~~MINNEOLA FL~~	1.4 CITY-ST-ZIP	Minneola, FL 34755	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RONALD E. LONG	2.2 NAME		
STREET ADDRESS	01916 SPRING LAKE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP		
TITLE	~~PD~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~DON TROMBLEY~~	3.2 NAME	DON TROMBLEY	
STREET ADDRESS	~~1004 LEE LANE~~	3.3 STREET ADDRESS	1004 Lee Lane	
CITY-ST-ZIP	~~LEESBURG FL~~	3.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	~~SD~~	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~SINGER, STEVEN N~~	4.2 NAME	SINGER, Steven N.	
STREET ADDRESS	~~1516 PARK DR~~	4.3 STREET ADDRESS	1516 Park Drive	
CITY-ST-ZIP	~~LEESBURG FL~~	4.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	~~TD~~	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	~~MARTIN, BARBARA~~	5.2 NAME	JANICE ELAINE SCHNELL	
STREET ADDRESS	~~100-A2 OAK TERRACE DR~~	5.3 STREET ADDRESS	132 N. 7th Street	
CITY-ST-ZIP	~~LEESBURG FL~~	5.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	MARY ANNE LYNUM	
STREET ADDRESS		6.3 STREET ADDRESS	111 Lakeshore Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Leesburg, FL 34748	

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)(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.

SIGNATURE: Terrence L. Eskeli 4/19/95 (904) 787-5047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Terrence L. Eskeli

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