

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724560** (8)

1. Corporation Name
BELLEAIR BLUFFS ROTARY CLUB, INC.

Principal Place of Business 2310 W. BAY DR. LARGO FL 34640 US	Mailing Address PO BOX 1624 LARGO FL 33779-1624 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1972	3a. Date of Last Report 02/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7280153		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FORD, EDWIN 2310 W. BAY DRIVE LARGO FL 34640				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORD, EDWIN			1.2 NAME			
STREET ADDRESS	2310 W.BAY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D	
NAME	SMITH, AMY			2.2 NAME			
STREET ADDRESS	1465 S FORT HARRISON AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/D	
NAME	MARTIN, JEFF			3.2 NAME			
STREET ADDRESS	5851 42ND AVE NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLIOTT, THOMAS			4.2 NAME			
STREET ADDRESS	9277 ELM CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S/D	
NAME	SPELL, WILLIAM			5.2 NAME		Crouch, Sandra	
STREET ADDRESS	2293 INDIAN AVE NORTH			5.3 STREET ADDRESS		350 East Bay Drive	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640			5.4 CITY-ST-ZIP		Largo, FL 33770	
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	
NAME	ALAND, PAT			6.2 NAME			
STREET ADDRESS	11193 SEMINOLE BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			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 if changed, or on an attachment with an address.

SIGNATURE: **Sandra Crouch, Sec. of State** 1-9-97 813-585-3111 x154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052054

CR2E037 (9/96)