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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 30 AM 9:39

DOCUMENT # 727938 (3)

1. Corporation Name
ROTARY CLUB OF MOUNT DORA, INC.

Principal Place of Business	Mailing Address
Edmund S Samonek C/O [illegible] PO BOX 111 MOUNT DORA FL 32757	Edmund S Samonek C/O PAUL M NELSON PO BOX 111 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1973
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-6209560 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Edmund S samonek	26 c/o Edmund S Samonek
Suite, Apt. #, etc. 22 PO BOX 111	Suite, Apt. #, etc. 27 PO BOX 111
City & State 23 Mount Dora FL	City & State 28 Mount Dora FL
Zip / Country 24 32757 / 25 USA	Zip / Country 29 32757 / 30 USA

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

9. Name and Address of Current Registered Agent

EDMUND SAMONEK
1422 E. 8TH AVE.
MT. DORA FL 32757

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 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MOORE, JAMES E.	1.2 NAME	Jean B Karr	
STREET ADDRESS	P.O. BOX 1017 N/A	1.3 STREET ADDRESS	1625 Crestview Dr	
CITY-ST-ZIP	MT. DORA FL 32757	1.4 CITY-ST-ZIP	Mount Dora FL 32757	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMONEK, EDMUND	2.2 NAME		
STREET ADDRESS	1422 E. 8TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, RUSSELL, T	3.2 NAME		
STREET ADDRESS	590 CHAUTAUQUA DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNEY, DONALD	4.2 NAME		
STREET ADDRESS	748 EAST NINTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ADAMS, DALE	5.2 NAME	James K Brandt	
STREET ADDRESS	3921 LAKESHORE DR	5.3 STREET ADDRESS	4164 Davenport Ln	
CITY-ST-ZIP	MT. DORA FL	5.4 CITY-ST-ZIP	Mount Dora FL 32757	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, C. HEYWOOD	6.2 NAME		
STREET ADDRESS	6712 OSWEGO DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	6.4 CITY-ST-ZIP		

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: Edmund S. Samonek EDMUND S SAMONEK 1-23-95 (904)383-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003244