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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727938 (3)

1. Corporation Name

ROTARY CLUB OF MOUNT DORA, INC.

Principal Place of Business

Mailing Address

EDMUND SAMONEK
P.O. BOX 111
MOUNT DORA FL 32757
USEDMUND SAMONEK
P.O. BOX 111
MOUNT DORA FL 32757-0111
US3. Date Incorporated or Qualified
11/05/19733a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-6209560Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALD, BRANDON	
STREET ADDRESS	219 W. 9TH AVE.	
CITY-ST-ZIP	MT. DORA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winston K Pendleton	
1.3 STREET ADDRESS	601 N McDonald St Apt 605	
1.4 CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMONEK, EDMUND	
STREET ADDRESS	1422 E. 8TH AVE.	
CITY-ST-ZIP	MT. DORA FL 32757	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLIOTT, RUSSELL, T	
STREET ADDRESS	590 CHAUTAUQUA DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNEY, DONALD	
STREET ADDRESS	748 EAST NINTH	
CITY-ST-ZIP	MT. DORA FL 32757	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDT, JAMES	
STREET ADDRESS	4164 DAVENPORT LANE	
CITY-ST-ZIP	MT. DORA FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brandon Wald	
5.3 STREET ADDRESS	219 W 9th Ave	
5.4 CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, C. HEYWOOD	
STREET ADDRESS	6712 OSWEGO DRIVE	
CITY-ST-ZIP	MT. DORA FL 32757	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donald T Livingston	
6.3 STREET ADDRESS	601 N McDonald St Apt 310	
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:

Edmund S Samonek EDMUND S SAMONEK 1-2-97 (352) 383-6451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014257

CR2E037 (9/96)