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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 727938

1. Corporation Name

ROTARY CLUB OF MOUNT DORA, INC.

Principal Place of Business

EDMUND SAMONEK
 P.O. BOX 111
 MOUNT DORA FL 32757
 US

Mailing Address

EDMUND SAMONEK
 P.O. BOX 111
 MOUNT DORA FL 32757
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/05/1973

4. FEI Number

59-6209560

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

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

10. Name and Address of New Registered Agent

81 Name

JEAN B. KARR

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

205 E. Third Ave

83

Mount Dora, FL 32757

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

JEAN B. KARR, Treasurer

2/10/99

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 **P** ☒ DELETE
 NAME **WALD, BRANDON**
 STREET ADDRESS **219 W. 9TH AVE.**
 CITY-ST-ZIP **MT. DORA FL**

TITLE **T** ☒ DELETE
 NAME **SAMONEK, EDMUND**
 STREET ADDRESS **1422 E. 8TH AVE.**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **S** ☐ DELETE
 NAME **ELLIOTT, RUSSELL, T**
 STREET ADDRESS **590 CHAUTAUQUA DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ DELETE
 NAME **BARNEY, DONALD**
 STREET ADDRESS **748 EAST NINTH**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **D** ☐ DELETE
 NAME **BRANDT, JAMES**
 STREET ADDRESS **4164 DAVENPORT LANE**
 CITY-ST-ZIP **MT. DORA FL**

TITLE **D** ☐ DELETE
 NAME **GORDON, C. HEYWOOD**
 STREET ADDRESS **6712 OSWEGO DRIVE**
 CITY-ST-ZIP **MT. DORA FL 32757**

13.

1.1 TITLE **President** ☒ Change ☒ Addition
 1.2 NAME **Dan Boagayis**
 1.3 STREET ADDRESS **2001 W. Old Hwy 441**
 1.4 CITY-ST-ZIP **Mount Dora, FL 32757**

2.1 TITLE **T** ☒ Change ☒ Addition
 2.2 NAME **JEAN B. KARR**
 2.3 STREET ADDRESS **205 E. Third**
 2.4 CITY-ST-ZIP **MT. DORA, FL 32757**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

JEAN B. KARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

352-735-2262

Daytime Phone #

CR2E037 (11/98)