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 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735037 (4)

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
401 E. SEMINOLE BLVD. P.O. BOX 2214 SANFORD FL 32771	401 E. SEMINOLE BLVD. P.O. BOX 2214 SANFORD FL 32771

3. Date Incorporated or Qualified: 02/24/1976
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0871568 ☐ Applied For ☐ Not Applicable

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

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

LARSON, RALPH B.
115 W. FIRST STREET
SANFORD FL 32771

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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WALLACE, GEORGE	1.2 NAME	Gray, Richard	
STREET ADDRESS	312 W 1ST ST	1.3 STREET ADDRESS	126 Krider Road	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	VPD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBERTS, RANDY	2.2 NAME	Roberts, Andy	
STREET ADDRESS	114 OAK VIEW CIR	2.3 STREET ADDRESS	630 Hummingbird Court	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	VOLK, CHUCK	3.2 NAME	Heinle, Russ	
STREET ADDRESS	531 N PALMETTO AVE	3.3 STREET ADDRESS	200 W. 1st Street	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GRAY, RICK	4.2 NAME	Kelley, Kevin	
STREET ADDRESS	126 KRIDER RD	4.3 STREET ADDRESS	655 Fulton Street	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE		5.1 TITLE	VP/D	☒ Change ☐ Addition
NAME		5.2 NAME	Porter, Paul	
STREET ADDRESS		5.3 STREET ADDRESS	2118 Park Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Richard W Gray 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003170