

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:47

DOCUMENT # 736098 (5)

1. Corporation Name

THE ROTARY CLUB OF CASSELBERRY, INC.

Principal Place of Business

Mailing Address

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-7895

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-7895

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1976 3a. Date of Last Report 05/01/1994
4. FEI Number 59-6585249 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 32718-0895 25 U.S.A.

28 Zip

Country

29 32718-0895 30 U.S.A.

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

10. Name and Address of New Registered Agent

OWEN, RICHARD B.
5250 S HWY 17-92
CASSELBERRY FL 32707

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

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 TD
NAME STONE, MARK
STREET ADDRESS 8238 AFTON SQ., #105
CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE DV
NAME VISSER, LARRY
STREET ADDRESS 992 CARRIBBEAN PL.
CITY-ST-ZIP CASSELBERRY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☒ Addition

TITLE D
NAME CELONES, BEN
STREET ADDRESS 204 DOVERWOOD RD
CITY-ST-ZIP FERN PARK FL

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

☒ Change ☐ Addition

TITLE SD
NAME OWEN, MARY
STREET ADDRESS 1001 RED BUG ROAD
CITY-ST-ZIP CASSELBERRY FL

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

☐ Change ☒ Addition

TITLE D
NAME GUTHRIE, DOUG
STREET ADDRESS 208 PAUL MCCLURE CT.
CITY-ST-ZIP CASSELBERRY FL

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

☐ Change ☒ Addition

TITLE PD
NAME REID, BOB
STREET ADDRESS 481 PRAIRIE LAKE COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☒ Addition

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY VISSER, DIRECTOR

01/18/95 (407) 830-4009