

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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 32718-0895  
US

5250 S HWY 17-92  
P O BOX 180895  
CASSELBERRY FL 32718-0895  
US

3. Date Incorporated or Qualified  
**06/15/1976**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-6585249**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
BALL, MARGUERITE  
STREET ADDRESS  
1255 MARINA POINT #307  
CITY-ST-ZIP  
CASSELBERRY FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

PD  
MALCOLM MACDIARMID  
1723 GOLFEDGE DRIVE  
WINTER PARK, FL 32792

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)(k), 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:

*Malcolm MacDiarmid* Pres/Director 04/24/96 (407) 331-2069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)