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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

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

04/29/1996

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

9. Name and Address of Current Registered Agent

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

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

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 TD ☐ DELETENAME STONE, MARK
STREET ADDRESS 8238 AFTON SQ., #105
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE D ☒ DELETENAME VISSER, LARRY
STREET ADDRESS 992 CARRIBBEAN PL.
CITY-ST-ZIP CASSELBERRY FLTITLE D ☐ DELETENAME BALL, MARGUERITE
STREET ADDRESS 1255 MARINA POINT #307
CITY-ST-ZIP CASSELBERRY FLTITLE SD ☒ DELETENAME OWEN, MARY
STREET ADDRESS 1001 RED BUG ROAD
CITY-ST-ZIP CASSELBERRY FLTITLE D ☒ DELETENAME GUTHRIE, DOUG
STREET ADDRESS 208 PAUL MCCLURE CT.
CITY-ST-ZIP CASSELBERRY FLTITLE PD ☐ DELETENAME MACDIARMID, MALCOLM
STREET ADDRESS 1723 GOLFSIDE DRIVE
CITY-ST-ZIP WINTER PARK FL 327921.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 32714

2.1 TITLE PD ☐ Change ☒ Addition

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

32714

PD

KILGORE, ROBIN

2066 Poinciana Blvd.

Winter Springs, FL 32792

2026 Chippewa Trail

Maitland, FL 32751

SD

BERKO, JAMES

1814 Crowley Circle

Longwood, FL 32779

VD

CRESSWELL, KATHLEEN

P.O. Box 3696 -N/A

Winter Springs, FL 32708

D

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN KILGORE

4/23/97

(407) 786-4399

Date

Daytime Phone # 0013313

CR2E037 (9/96)