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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **PD** ☐ DELETE
NAME **KILGORE, ROBIN**
STREET ADDRESS **2086 POINCIANA BLVD.**
CITY-ST-ZIP **WINTER SPRINGS FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2864 PICKETT DOWNS DRIVE**
2.4 CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **D** ☐ DELETE
NAME **BALL, MARGUERITE**
STREET ADDRESS **2026 CHIPPAW TRAIL**
CITY-ST-ZIP **MAITLAND FL**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **BERKO, JAMES**
STREET ADDRESS **1814 CROWLEY CIR.**
CITY-ST-ZIP **LONGWOOD FL**

4.1 TITLE **V/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **CRESSWELL, KATHLEEN**
STREET ADDRESS **P.O. BOX 3896 N/A**
CITY-ST-ZIP **WINTER SPRINGS FL**

5.1 TITLE **P/D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MACDIARMID, MALCOLM**
STREET ADDRESS **1723 GOLFSIDE DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **FELTOVIC, DAVE**
6.4 CITY-ST-ZIP **2260 GLENWOOD DRIVE**
WINTER PARK, FL 32789

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.

SIGNATURE:

Kathleen Cresswell

04/15/98

(407) 696-5070

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