FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 24 1997 8:00am

Secretary of State

A LOUISE ROOM BILLER ROOM AND BUILD BUILD

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

ROTARY CLUB OF INVERNESS, INCORPORATED

Principal	Place of Business	Mailing Address			4 1864 1888 tent inne mille auste.	Biên Biênt miêt) diênt biên Biên êrên diên iaan
2250I WEST HIGHWAY 44 2250I WEST HIGHWAY 44					Ĭ	
P O BOX 1317		P O BOX 1317	P O BOX 1317			
INVERNESS FL 32651		INVERNESS FL 34451-1317	INVERNESS FL 34451-1317		3. Date Incorporated or Qualified	3a. Date of Last Report
					10/18/1976	03/13/1996
2. Princip	oal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2068516	Not Applicable
	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		27)	City & State			Fee Required
	ily & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Zip	Country	Z(p	Countr		This corporation has liability for it	
24	25	<u>}-</u> , ` }	30			Yes KZ No
	9. Name and Address of C				10. Name and Address of New Re	gistered Agent
			81	Name		
SLAYMWKER, THOMAS				82 Street Address (P.O. Box Number is Not Acceptable)		
	B W HWY 44		UZ GITOST ACK		Address (1.0. Dox 14dillab) is 14dt Abbaptita	
INVI	RNESS FL 34450		83			
	A A		64	City		85 Zip Code
	((0 - 10)			1		FLII
11. Purse	ant to the provisions of sections 61	7.0502 and 617.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the p	ourpose of changing its registered
11. Pursuant to the provisions of factions 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. I am applified accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATU	RE (1) > (1)	· .			10 me 6 9	7
	Signature, typed only lited name of registe			eni signalure	required when reinstating	DATE
12.		S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	PD BRANCH, BEN J	Petric	1.1 TiTLE			Crange Mounton
NAME STREET ADDI	1004/11/10/10/		1.2 NAME	T ADDRESS		
CITY-ST-ZIF	ONVATA PRIED EL		1.4 CITY-			
TITLE	PD	DELETE	21 TITLE	91-EIF	TREAJURGE	Change Addition
NAME	VIRGILIO, ARNOLD		2.2 NAME		Aceban shows	_\ // /\
STREET ADDR	A646 B4186 1448		2.3 STAEE	ADDRESS	Robert Shewey	1D (////)
CITY - S1 - ZIP	MILEONICOO CI		2.4 CITY-	ST-ZIP	IN F13445	
TITLE	JD /	DELETE	3.1 TITLE		secretary	Change Addition
NAME	CALOWELL, DAVID		3.2 NAME		Barbara hoonas	7.70
STREET ADDI			3.3 STREE	T ADDRESS	2100 E. HAYES ST	
CITY - S1 - ZIF	INVERNESS FC		3.4. CITY-	ST-ZIP	INVERNESS FL 3	4453
TITLE	D L	DELETE	4.1 TATLE		President Din	Change Addition
NAME	CATTO WILLIAM &		4. 2 NAME		ARNOID A. VIRGI	Lin
STREET ADD				T ADDRESS	DAYN OF UHIN E	nke
CITY-ST-ZIF		DELETE	4.4 CITY -	ST-ZIP		Change Addition
TITLE	D COLMAN MALTED E	A DELETE	5.1 TITLE		Vice Prior Dent,	
NAME CYDCET ADOL	GOLWAY, WALTER E 4415 S WORLDWIDE DF) }	5.2 NAME	T ADDRESS	Valter E Splus	
STREET ADDI	INDERONICAN EL	1	1		7415 S. Worldwide	elor
CITY-ST-ZIF	INTERNICOS FL	DELETE	5.4 CITY - 6.1 TITLE	51- <i>[</i> 1P	TOVERMED FI 340	Change - Addition
NAME		had believe	6.2 NAME	1	00000212	
STREET ADDI	9599		4	T ADDRESS	-03/24/970113	32041
CITY, ST. 216	.)		64 CITY-	ST- <i>7</i> IP	***6125	
14. I do	nereby certify that the information su	pp) od with this filing does not qualif	y for the ex	mption s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
14. I do hereby certify that the information supplied with this fifth does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is frue and adcurate and that my signature shall have the same legal effect as if made under our target of an an officer or director of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name						