


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 738209 (6)		
1. Corporation Name ROTARY CLUB OF ORLANDO SOUTH, INC.		



Principal Place of Business P.O. BOX 593472 ORLANDO FL 32859-3472 US	Mailing Address P.O. BOX 593472 ORLANDO FL 32859-3472 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/25/1977		3a. Date of Last Report 02/12/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1755927		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent JONES, J. DANIEL 3500 CULLEN LAKE SHORE DR ORLANDO FL 32812				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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T	JARVIS, EDGAR <input checked="" type="checkbox"/> DELETE	1.1 TITLE T	JOHNSON III H STEVEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JARVIS, EDGAR		1.2 NAME JOHNSON III H STEVEN	
STREET ADDRESS 2909 SMITHFIELD DR		1.3 STREET ADDRESS 3922 VERSAILLES DR	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP ORLANDO, FL 32808	
TITLE D	BAINES, RICHARD A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAINES, RICHARD A		2.2 NAME	
STREET ADDRESS 3531 COUNTRY LAKES DR		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE D	HEFFERNAN, JOHN S. JR. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEFFERNAN, JOHN S. JR.		3.2 NAME	
STREET ADDRESS 3344 HOLLYHOCK CT		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE P	MCEVER, JOHN C <input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCEVER, JOHN C		4.2 NAME	
STREET ADDRESS 10381 EAST MICHIGAN		4.3 STREET ADDRESS 1038 E MICHIGAN ST NO A	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP ORLANDO, FL 32806	
TITLE VP	LEMME, MIGAN C <input type="checkbox"/> DELETE	5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEMME, MIGAN C		5.2 NAME	
STREET ADDRESS 8235 SOUTHEAST FOREST DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE S	JONES, J. DANIEL <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, J. DANIEL		6.2 NAME	
STREET ADDRESS 3500 CULLEN LAKE SHORE		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

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 REQUIRED 7-22-97 407 857 2151

CR2E037 (4/97)