

# 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 # 740775 (2)**

1. Corporation Name

**HAINES CITY ROTARY CLUB, INC.**



Principal Place of Business

**18 N 6TH ST  
HAINES CITY FL 33944  
US**

Mailing Address

**P O BOX 1348  
HAINES CITY FL 33845-1348  
US**

3. Date Incorporated or Qualified  
**11/15/1977**

3a. Date of Last Report  
**04/06/1995**

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

4. FEI Number

**59-2867860**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

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

**LAWHORN, J. N.  
326 W. GRAHAM PK.  
HAINES CITY FL 33844**

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

(NOT E. Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOVELACE, DAVID F	
STREET ADDRESS	18 N 6TH ST	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, NELL J	
STREET ADDRESS	435 GLENEAGLES CT	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SECORD, CHARLES	
STREET ADDRESS	114 PALM PLACE	
CITY - ST - ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>President PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>George Cordfoot</i>	
13 STREET ADDRESS	<i>South of SR 544 Bridge to Tech</i>	
14 CITY - ST - ZIP	<i>Haines City, Florida</i>	
21 TITLE	<i>Secretary SD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>Deborah Reese</i>	
23 STREET ADDRESS	<i>P.O. Box 1348 NIA</i>	
24 CITY - ST - ZIP	<i>Haines City, Florida</i>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<b>4000018438</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-05/30/96--01016--008</b>	
53 STREET ADDRESS	<b>***61.25</b>	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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:

*Charles Secord* **Charles Secord**

**4-27-96**

**L 4/27/96-4/2/**

Date

Daytime Phone

CR2E037 (12/95)