FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:19

DOCUMENT # 745409 (3)

1. Corporation Name
CAMP ROTARY OPERATING ASSOCIATION

Principal Place of Business	Mailing Address
720 S. MISSOURI AVE. LAKELAND FL 33801	2212 So FLORIDA AVE ~~720 S. MISSOURI AVE.~~ LAKELAND FL ~~33801~~ 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0863753 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 745 CAMP ROTARY RD.	26 2212 So FLORIDA AVE
22 Suite, Apt. #, etc.	27 SUITE #300
23 City & State: AUBURN DALE FL	28 City & State: LAKELAND FL.
24 Zip: 33823 25 Country: POLK	29 Zip: 33803 30 Country: POLK

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
MENDEZ, BERNARDO J. ~~720 S. MISSOURI AVE.~~ LAKELAND FL 33801	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable): 2212 So. FLORIDA AVE 83 84 City: LAKELAND FL 85 Zip Code: 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE		☑ Change ☐ Addition
NAME	MENDEZ, BERNARDO J.	1.2 NAME		
STREET ADDRESS	720 S. MISSOURI AVE.	1.3 STREET ADDRESS	2212 So. FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL. 33803	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	STAMBAUGH, ROBERT	2.2 NAME		
STREET ADDRESS	PO BOX 9498N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	SPEAKER, BERNIE	3.2 NAME	WARREN J. KONTNY	
STREET ADDRESS	611 HILLSIDE CT N	3.3 STREET ADDRESS	4310 SANDWAY LN	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	LAKELAND, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Bernardo J. Mendez Treasurer 1/30/95 813-647-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014036