


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
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745409** (3)

1. Corporation Name

CAMP ROTARY OPERATING ASSOCIATION



Principal Place of Business 745 CAMPROTORY RD. AUBURN DALE FL 33823 US	Mailing Address 1720 SO FLORIDA AVE SUITE #300 LAKELAND FL 33803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 745 CAMP ROTARY ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 C/O E. BAKER, P.O. BOX 150 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/29/1978		3a. Date of Last Report 01/31/1996	
22 City & State 23 AUBURNDALE, FL Zip 33823 Country US		27 City & State 28 WINTER HAVEN FL Zip 33882-0150 Country US		4. FEI Number 59-0863753		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				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 MELENDEZ, BERNARDO J. 1720 S FLORIDA AVE LAKELAND FL 33803				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 _____
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	TO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MELENDEZ, BERNARDO J.			1.2 NAME	DR. JOHN ELLIS		
STREET ADDRESS	1720 S FLORIDA AVE			1.3 STREET ADDRESS	2901 S. FLORIDA AVE		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	LAKELAND, FL 33803		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STAMBAUGH, ROBERT			2.2 NAME	ROBERT BREGLER		
STREET ADDRESS	PO BOX 9498N/A			2.3 STREET ADDRESS	6504 TIMUCUANS CIRCLE		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KONTNY, WARREN J.			3.2 NAME	W. EVERETT BAKER		
STREET ADDRESS	4310 SANDWAY LN			3.3 STREET ADDRESS	505 AVENUE A, NW, SUITE 101		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (4/97)