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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:04

DOCUMENT # 747510 (6)

1. Corporation Name
THE ROTARY CLUB OF LONGWOOD, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 915401 LONGWOOD FL 32791	POST OFFICE BOX 915401 LONGWOOD FL 32791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1902431 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANZIVINO, CARMEN A.
135 LAUREL OAK DR
LONGWOOD FL 32779

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM C.	1.2 NAME	
STREET ADDRESS	659 TAM CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTR SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	BLANDEN, KEITH	2.2 NAME	Anzivino, Carmen
STREET ADDRESS	803 WHITTINGHAM COURT	2.3 STREET ADDRESS	135 Laurel Oak Dr.
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	Longwood, Fl.32779
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SEARS, JACK	3.2 NAME	Blanden, Keith
STREET ADDRESS	1096 MANIGAN AVE.	3.3 STREET ADDRESS	803 Whittingham Court
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	Lake Mary, Fl. 32746
TITLE	DV	4.1 TITLE	DV ☒ Change ☐ Addition
NAME	ANZIVINO, CARMEN	4.2 NAME	Mantovani, Cosmo
STREET ADDRESS	135 LAUREL OAK DR	4.3 STREET ADDRESS	1660 Warwick Place
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	Longwood, Fl. 32750
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	THOMAS, VIRGIL	5.2 NAME	Hannah, Robert
STREET ADDRESS	2741 CITRON DR.	5.3 STREET ADDRESS	1550 Warwick Place
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	Longwood, Fl. 32750
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	LAJZA, JOHN	6.2 NAME	
STREET ADDRESS	300 BRANTLEY HARBOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32770	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: William C. Robinson William C. Robinson 1/19/95 (407)699-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

603049