


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90150 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747510**

1. Corporation Name

**THE ROTARY CLUB OF LONGWOOD, FLORIDA, INC.**

Principal Place of Business

POST OFFICE BOX 915401  
LONGWOOD FL 32791

Mailing Address

POST OFFICE BOX 915401  
LONGWOOD FL 32791



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/05/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1902431	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ANZIVINO, CARMEN A.				<input type="checkbox"/> \$8.75 Additional Fee Required	
135 LAUREL OAK DR				6. Election Campaign Financing	
LONGWOOD, FL 32779				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANZIVINO, CARMEN A.		81 Name	
135 LAUREL OAK DR		82 Street Address (P.O. Box Number is Not Acceptable)	
LONGWOOD, FL 32779		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 \_\_\_\_\_ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DX <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKADAR, DON	2.2 NAME	
STREET ADDRESS	174 VARSITY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEN	3.2 NAME	
STREET ADDRESS	1702 ORANGE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN W	4.2 NAME	
STREET ADDRESS	1388 S HIGHWAY 427	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	
TITLE	PP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAN, ROBERT	5.2 NAME	
STREET ADDRESS	1850 WARWICK PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	DX <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BRIAN	6.2 NAME	
STREET ADDRESS	201 SWEETWATER CLUB BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Attest: [Signature]* 1/12/99 (407) 699-4413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)