

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 PM 12:15

DOCUMENT # 755774 (7)
1. Corporation Name
ROTARY CLUB OF OCEANSIDE DAYTONA BEACH, INC.

Principal Place of Business Mailing Address
P.O. BOX 4011 SOUTH DAYTONA FL 32121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1980** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-6550584** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**VOGEL, ROBERT L
70 AQUA CT
NEW SMYRNA BCH FL 32168**

10. Name and Address of New Registered Agent

81 Name **Richard Westberry**
82 Street Address (P.O. Box Number is Not Acceptable) **1750 Hideaway Forest Trail**
83
84 City **New Smyrna Beach** FL 85 Zip Code **32168**

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 **Richard Westberry**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

3-1-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MCGUIRE, THOMAS
STREET ADDRESS	905 DUNCAN RD
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	TD
NAME	RICKMYRE, ROBERT
STREET ADDRESS	2949 GASLIGHT DRIVE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	P
NAME	VOGEL, ROBERT L JR
STREET ADDRESS	70 AQUA CT
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	JACOBS, THOMAS R.	
1.3 STREET ADDRESS	1902 Seclusion Drive	
1.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32124	
2.1 TITLE	TD	☐ Change ☐ Addition
2.2 NAME	RICKMYRE, ROBERT	
2.3 STREET ADDRESS	2949 Gaslight Drive	
2.4 CITY - ST - ZIP	South Daytona, FL 32124	
3.1 TITLE	P	☒ Change ☐ Addition
3.2 NAME	Richard Westberry	
3.3 STREET ADDRESS	1750 Hideaway Forest Trail	
3.4 CITY - ST - ZIP	New Smyrna Beach, FL 32168	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: **Thomas R. Jacobs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Jacobs

MAR 1 1995

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