

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **12/31/1980** 3a. Date of Last Report **04/06/1995**
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**
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 29 Country 30

9. Name and Address of Current Registered Agent

**WESTBERRY, RICHARD
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BCH FL 32168**

10. Name and Address of New Registered Agent

81 Name **Rickmyre Robert**
82 Street Address (P.O. Box Number is Not Acceptable) **2949 Gaslight Drive**
83
84 City **South Daytona** FL 85 Zip Code **32119**

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 **Rickmyre Robert** **R.M. Rickmyre** 2-7-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOBS, THOMAS R.	
STREET ADDRESS	1902 SECLUSION DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICKMYRE, ROBERT	
STREET ADDRESS	2949 GASLIGHT DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WESTBERRY, RICHARD	
STREET ADDRESS	1750 HIDEAWAY FOREST TRAIL	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rickmyre Robert	
2.3 STREET ADDRESS	2949 Gaslight Drive	
2.4 CITY-ST-ZIP	South Daytona, FL 32119	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davis Robert	
3.3 STREET ADDRESS	1912 S. Peninsula Drive	
3.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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

Date **9-4-258-2040**
Daytime Phone #

CR2E037 (12/95)