


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 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 # **755774** (7)
1. Corporation Name
ROTARY CLUB OF OCEANSIDE DAYTONA BEACH, INC.



Principal Place of Business P.O. BOX 4011 SOUTH DAYTONA FL 32121	Mailing Address P.O. BOX 4011 SOUTH DAYTONA FL 32121
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/31/1980		3a. Date of Last Report 02/20/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6550584		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RICKMYRE, ROBERT 2949 GASLIGHT DRIVE SOUTH DAYTONA FL 32119				10. Name and Address of New Registered Agent			
				81 Name Robert Davis			
				82 Street Address (P.O. Box Number is Not Acceptable) 1912 S. Peninsula Drive			
				83			
				84 City Daytona Beach FL 85 Zip Code 32118			

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: **Robert Davis** (Signature) **3/26/97** (Date)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, THOMAS R.		1.2 NAME JACOBS, Thomas R.	
STREET ADDRESS 1902 SECLUSION DR		1.3 STREET ADDRESS 1902 Seclusion Dr	
CITY-ST-ZIP DAYTONA BEACH FL		1.4 CITY-ST-ZIP Daytona Beach, FL.	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICKMYRE, ROBERT		2.2 NAME David Hedrick	
STREET ADDRESS 2949 GASLIGHT DRIVE		2.3 STREET ADDRESS 2102 Oak Meadow Circle	
CITY-ST-ZIP SOUTH DAYTONA FL		2.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, ROBERT		3.2 NAME McGuire, Thomas	
STREET ADDRESS 1912 SOUTH PENINSULA DRIVE		3.3 STREET ADDRESS 905 Duncan Rd	
CITY-ST-ZIP DAYTONA BEACH FL		3.4 CITY-ST-ZIP South Daytona, FL	
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: **Thomas R. Jacobs** (Signature) **3/20/1997** (Date)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)