

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 # 758749 (6)
1. Corporation Name
ROTARY CLUB OF SANFORD-BREAKFAST, FLORIDA, INC.



Principal Place of Business Mailing Address
116 NORTH PARK AVENUE 116 NORTH PARK AVENUE
P.O. BOX 1652 P.O. BOX 1652
SANFORD FL 32772-1652 SANFORD FL 32772-1652

3. Date Incorporated or Qualified 06/15/1981 3a. Date of Last Report 08/04/1995
4. FEI Number 59-2137966 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 Country

9. Name and Address of Current Registered Agent

FREDERICK, GORDON
116 N PARK AVE
SANFORD FL 32771

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 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

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	PE	<input type="checkbox"/> DELETE
NAME	MEEKS, JON	
STREET ADDRESS	621 PARK AVENUE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREDERICK, GORDON	
STREET ADDRESS	116 N PARK AVE.	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ASKEW, TIM	
STREET ADDRESS	209 N OAK AVENUE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANN, RICHARD	
STREET ADDRESS	1706 SANFORD AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STENSTROM, PATRICK	
STREET ADDRESS	2565 PARK DRIVE	
CITY - ST - ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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: *Patrick Stenstrom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 407-322-2420
Date Daytime Phone #

CR2E037 (12/95)