

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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
116 NORTH PARK AVENUE
P.O. BOX 1652
SANFORD FL 32772-1652

Mailing Address
116 NORTH PARK AVENUE
P.O. BOX 1652
SANFORD FL 32772-1652

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1981		3a. Date of Last Report 08/04/1995	
21		26		4. FEI Number 59-2137966		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FREDERICK, GORDON
116 N PARK AVE
SANFORD FL 32771

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEEKS, Jon	
1.3 STREET ADDRESS	621 PARK AVE.	
1.4 CITY-ST-ZIP	SANFORD, FL 32771	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Askew, Tim	
2.3 STREET ADDRESS	209 N. OAK AVE.	
2.4 CITY-ST-ZIP	SANFORD, FL 32771	
3.1 TITLE	DE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stenstrom, Patrick	
3.3 STREET ADDRESS	2565 PARK DRIVE	
3.4 CITY-ST-ZIP	SANFORD, FL 32773	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Bill	
4.3 STREET ADDRESS	2393 Crest Ridge Court	
4.4 CITY-ST-ZIP	SANFORD, FL 32773	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003763

CR2E037 (3/96)