

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 25 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br><b>116 NORTH PARK AVENUE<br/>P.O. BOX 1652<br/>SANFORD FL 32772-1652</b> | Mailing Address<br><b>116 NORTH PARK AVENUE<br/>P.O. BOX 1652<br/>SANFORD FL 32772-1652</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 2. Principal Place of Business<br><b>21 2565 Park Drive</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br><b>26 P.O. Box 1652</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>06/15/1981</b> |  | 3a. Date of Last Report<br><b>05/17/1996</b> |  |
| 22 City & State<br><b>Sanford FL</b>   |  | 27 City & State<br><b>Sanford, FL</b>                                 |  | 4. FEI Number<br><b>59-2137966</b>                     |  | Applied For<br>Not Applicable                |  |
| 23 Zip<br><b>32773</b>   |  | 25 Country<br><b>USA</b>  |  | 29 Zip<br><b>32772-1652</b>                            |  | 30 Country<br><b>USA</b>                     |  |
| 24   |  | 26  |  | 28   |  | 30   |  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>FREDERICK, GORDON<br/>116 N PARK AVE<br/>SANFORD FL 32771</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| 81 Name   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| 83  |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                    |  |  |   |  |  |  |
|----------------------------|--------------------|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                    |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | PE                 | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE   | President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | MEEKS, JON         |  |  | 1.2 NAME  | Bill Johnson   |  |  |
| STREET ADDRESS             | 621 PARK AVENUE    |  |  | 1.3 STREET ADDRESS                                    | 2393 Crest Ridge Court   |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771   |  |  | 1.4 CITY-ST-ZIP                                       | Sanford, FL 32771  |  |  |
| TITLE                      | D                  | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |
| NAME                       | FREDERICK, GORDON  |  |  | 2.2 NAME  | Margaret E. Curran   |  |  |
| STREET ADDRESS             | 116 N PARK AVE.    |  |  | 2.3 STREET ADDRESS                                    | 974 Montgomery Road  |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771   |  |  | 2.4 CITY-ST-ZIP                                       | Altamonte Springs, FL 32717  |  |  |
| TITLE                      | SD                 | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |
| NAME                       | ASKEW, TIM         |  |  | 3.2 NAME  | Wendell S. Stocksett   |  |  |
| STREET ADDRESS             | 209 N OAK AVENUE   |  |  | 3.3 STREET ADDRESS                                    | 250 Art Lane   |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771   |  |  | 3.4 CITY-ST-ZIP                                       | Sanford, FL 32773  |  |  |
| TITLE                      | DE DIRECTOR        | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE   | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |
| NAME                       | MANN, RICHARD      |  |  | 4.2 NAME  | Edward F. Bossert  |  |  |
| STREET ADDRESS             | 1706 SANFORD AVE   |  |  | 4.3 STREET ADDRESS                                    | Ste. 151, 3452 Lake Lynda Drive  |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771   |  |  | 4.4 CITY-ST-ZIP                                       | Orlando, FL 32817  |  |  |
| TITLE                      | DE PRESIDENT       | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| NAME                       | STENSTROM, PATRICK |  |  | 5.2 NAME  | Patrick Stenstrom  |  |  |
| STREET ADDRESS             | 2565 PARK DRIVE    |  |  | 5.3 STREET ADDRESS                                    | 2565 Park Drive  |  |  |
| CITY-ST-ZIP                | SANFORD FL 32773   |  |  | 5.4 CITY-ST-ZIP                                       | Sanford, FL 32773  |  |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |  |
| NAME                       |                    |  |  | 6.2 NAME  | Richard Mann   |  |  |
| STREET ADDRESS             |                    |  |  | 6.3 STREET ADDRESS                                    | 1706 Sanford Avenue  |  |  |
| CITY-ST-ZIP                |                    |  |  | 6.4 CITY-ST-ZIP                                       | Sanford, FL 32771  |  |  |

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 \_\_\_\_\_ SIGNATURE REQUIRED TO: A-1 8/16/97 (497) 200-1211

CR2E037 (4/97)