

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758749** (6)  
1. Corporation Name  
**ROTARY CLUB OF SANFORD-BREAKFAST, FLORIDA, INC.**



Principal Place of Business <b>2565 PARK DR P.O. BOX 1652 SANFORD FL 32773 US</b>		Mailing Address <b>PO BOX 1652 P.O. BOX 1652 SANFORD FL 32772-1652 US</b>		3. Date Incorporated or Qualified <b>06/15/1981</b>	
2. Principal Place of Business <b>21 230 North Park Ave.</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 P.O. Box 1149</b> Suite, Apt. #, etc. <b>27 Sanford, FL.</b> City & State <b>28 Sanford, FL.</b> City & State <b>29 32771</b> <b>30 U.S.A.</b> Zip Country		4. FEI Number <b>59-2137966</b> Applied For Not Applicable	
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>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>FREDERICK, GORDON 116 N PARK AVE SANFORD FL 32771</b>		10. Name and Address of New Registered Agent <b>81 Name Timothy R. Arkew, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 230 North Park Ave. 83 84 City Sanford FL 85 Zip Code 32771</b>	

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 **Timothy R. Arkew, Jr.** **4/14/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE JOHNSON, BILL 2393 CREST RIDGE COURT SANFORD FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Director Fred Bussey 2601 Country Club Road Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRAN, MARGARET E 974 MONTGOMERY RD ALTAMONTE SPRGS FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Director John meeker 621 Park Ave. Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ASKEW, TIM 209 N OAK AVENUE SANFORD FL 32771 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Rich Martin-Director 117 N. Sunland Drive. Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, RICHARD 1706 SANFORD AVE SANFORD FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Doug Phillips-Treasurer 4356 Rocky Ridge Pl. Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STENSTROM, PATRICK 2565 PARK DRIVE SANFORD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Director CD BOSSERT 823 Park Ave. Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOCKSETT, WENDELL S 250 ART LANE SANFORD FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **Timothy R. Arkew, Jr.** **4/14/98** **3224051**

CR2E037 (10/97)