

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762994** (2)
1. Corporation Name
ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., I NC.

Principal Place of Business Mailing Address
POST OFFICE BOX 3294 SEMINOLE FL 34642 **POST OFFICE BOX 3294 SEMINOLE FL 34642**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1982		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2110073		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
SCHULER, TIMOTHY C ESQ 7843 SEMINOLE BLVD. SEMINOLE FL 34642				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEYER, DOUG			1.2 NAME	TED SMITH		
STREET ADDRESS	11915 81ST AVE., N			1.3 STREET ADDRESS	9928 108TH ST. N.		
CITY-ST-ZIP	SEMINOLE FL			1.4 CITY-ST-ZIP	SEMINOLE, FL 34642		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUDLEY, HASTINGS			2.2 NAME	MARK WIELAND		
STREET ADDRESS	7975 58TH AVE. N SUITE #416			2.3 STREET ADDRESS	11776 112TH AVE. N.		
CITY-ST-ZIP	ST. PETERSBURG FL 33709			2.4 CITY-ST-ZIP	LARGO, FL 34648		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAMM, GLENN			3.2 NAME			
STREET ADDRESS	650 CORTEZ DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LILO, SANDRA			4.2 NAME			
STREET ADDRESS	P.O. BOX 12646 N/A 8300 113TH			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 33733			4.4 CITY-ST-ZIP			
TITLE	PEO	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORREY-SCHMORANZ, PATRICIA			5.2 NAME			
STREET ADDRESS	14630 LORIDAWN DR.			5.3 STREET ADDRESS	10495 HAMLIN BLVD		
CITY-ST-ZIP	SEMINOLE FL			5.4 CITY-ST-ZIP	LARGO, FL 34644		
TITLE	GAA	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	SAA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CROOK, TOM			6.2 NAME	JOE ESPOSITO		
STREET ADDRESS	9795 PORTSIDE DRIVE			6.3 STREET ADDRESS	12844 81ST AVE. N		
CITY-ST-ZIP	SEMINOLE FL 34646			6.4 CITY-ST-ZIP	SEMINOLE, FL 34646		

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: *Ted Smith* PRESIDENT ELECT 4-8-96 (813) 381-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)