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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762994 (2)
1. Corporation Name
ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., I NC.



Principal Place of Business POST OFFICE BOX 3294 SEMINOLE FL 34642	Mailing Address POST OFFICE BOX 3294 SEMINOLE FL 33775-3294
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1982	3a. Date of Last Report 04/17/1996
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 checked="" type="checkbox"/> Yes <input 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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	TEO SMITH, TEO	9928 108TH ST N	SEMINOLE FL		PD		
	T WIELAND, MARK	11775 112TH AVE N	LARGO FL	2.1 TITLE	FOSTER, RALPH	5567 BAY PINES LN	ST PETERSBURG FL 33708
				2.2 NAME			
	P STAMM, GLENN	650 CORTEZ DR	TIERRA VERDE FL	2.3 STREET ADDRESS			
				2.4 CITY - ST - ZIP			
	SD LILLO, SANDRA	P.O. BOX 12646 N/A 8300 113TH	SEMINOLE FL	3.1 TITLE	SD BROCK, TIMOTHY AVE. N.	12276 -106	SEMINOLE, FL 33778
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY - ST - ZIP			
	SD TORREY-SCHMORANZ, PATRICIA	10495 HAMLIN BLVD	LARGO FL	4.1 TITLE	RANDELLS D	2006 GLENN ROAD	CLEARWATER, FL 34624
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY - ST - ZIP			
	ESPOSITE, JOE	12844 81ST AVE N	SEMINOLE FL	5.1 TITLE	PD		
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY - ST - ZIP			
				6.1 TITLE	PD		
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY - ST - ZIP			

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]* **PREES** 3-6-97 813-381-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051860

CR2E037 (9/96)