

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:16

DOCUMENT # **765358** (7)

1. Corporation Name

**RUSKIN-APOLLO BEACH ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

% DAMON C. GLUSSON, ESQ.  
5900 FORTUNE PLACE  
APOLLO BEACH FL 33572-2643

% DAMON C. GLUSSON, ESQ.  
5908 FORTUNE PLACE  
APOLLO BEACH FL 33572-2643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/11/1982**

3a. Date of Last Report  
**04/01/1994**

4. FEI Number

**59-2833997**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **Ruskin Florida**

26 **PO BOX 1765**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 **PO Box 1765**

27

23 City & State

**Ruskin, Fla**

28 City & State

24 Zip

**33570**

Country

**Mississippi**

29 Zip

**33570**

Country

9. Name and Address of Current Registered Agent

**GLUSSON, DAMON C., ESQ.  
5908 FORTUNE PLACE  
APOLLO BEACH FL 33570**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNIGHT, RONALD
STREET ADDRESS	6321 BALBOA ST.
CITY-ST-ZIP	APOLLO BCH FL
TITLE	<del>PD</del>
NAME	STRANDBERG, JOHN W
STREET ADDRESS	11501 TUCKER RD.
CITY-ST-ZIP	RIVERVIEW FL
TITLE	<del>PD</del>
NAME	DICK SWE
STREET ADDRESS	6542 US 41 NORTH
CITY-ST-ZIP	APOLLO BEACH FL
TITLE	<del>PD</del>
NAME	LONG MIKE
STREET ADDRESS	7510C PITCH PINE CR.
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	SHERON PASKERT
STREET ADDRESS	5186 SR 674
CITY-ST-ZIP	WIMMUMA, FL 33598
TITLE	SO
NAME	SARON DIEHL
STREET ADDRESS	PO BOX 337
CITY-ST-ZIP	WIMMUMA, FL 33598

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Delete</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Delete</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 110.07(3)(A), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W. Strandberg*

1-18-95 513-228-1968