

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
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DOCUMENT # 765358 (7)

1. Corporation Name
RUSKIN-APOLLO BEACH ROTARY CLUB, INC.



Principal Place of Business P O BOX 1765 5908 FORTUNE PLACE RUSKIN FL 33570 US	Mailing Address P. O. BOX 1765 5908 FORTUNE PLACE APOLLO BEACH FL 33572-2643 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified 10/11/1982	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2833997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 translating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, RONALD	
STREET ADDRESS	6321 BALBOA ST.	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRANDBERG, JOHN W	
STREET ADDRESS	11501 TUCKER RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PASKERT, SHEREE	
STREET ADDRESS	5186 SR 674	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIEHL, SHARON	
STREET ADDRESS	P. O. BOX 337	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANNE W. DAVIS	
13 STREET ADDRESS	102-A W. Shellpoint Rd	
14 CITY-ST-ZIP	RUSKIN, FL. 33570	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jacqueline Lynch	
43 STREET ADDRESS	2305 E. College Ave	
44 CITY-ST-ZIP	RUSKIN, FL. 33570	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: Anne W. Davis, President 4-23-96 813 645-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)