

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P O BOX 1765 5908 FORTUNE PLACE RUSKIN FL 33570 US</b>	Mailing Address <b>P. O. BOX 1765 5908 FORTUNE PLACE APOLLO BEACH FL 33572-2643 US</b>
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3. Date Incorporated or Qualified <b>10/11/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2833997</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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)	<b>FL</b>
83.	
84. City	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, ANNE	
STREET ADDRESS	102-A SHELLPOINT ROAD	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<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	LYNCH, JACQUELINE	
STREET ADDRESS	2305 E. COLLEGE AVENUE	
CITY-ST-ZIP	RUSKIN 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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNCH, JACQUELINE	
1.3 STREET ADDRESS	2305 E COLLEGE AVE	
1.4 CITY-ST-ZIP	RUSKIN, FL 33570	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVIS, ANNE	
2.3 STREET ADDRESS	102-A SHELLPOINT ROAD	
2.4 CITY-ST-ZIP	RUSKIN, FL 33570	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIZABETH WHIDDEN, ELIZABETH	
3.3 STREET ADDRESS	103 FLAMINGO DR	
3.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEWBERRY, VICKI	
4.3 STREET ADDRESS	181 S. PEBBLE BCH BLVD	
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input 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 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: *Jacqueline Lynch* **JACQUELINE LYNCH** 2/19/97 813 645 4106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046377

CR2E037 (9/96)