

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified 10/11/1982		
4. FEI Number 59-2833997	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, JACQUELINE	
STREET ADDRESS	2305 E COLLEGE AVE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ANNE	
STREET ADDRESS	102-A SHELL PTE RD.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHIDDEN, ELIZABETH	
STREET ADDRESS	103 FLAMINGO DR.	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEWBERRY, VICKI	
STREET ADDRESS	131 S PEBBLE BOCH BLVD	
CITY-ST-ZIP	SUN CITY CTR 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Casey, William	
1.3 STREET ADDRESS	1611 Lightfoot Rd.	
1.4 CITY-ST-ZIP	Wimauma, Fl. 33598	
2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynch, Jacqueline	
2.3 STREET ADDRESS	2305 E. College Ave.	
2.4 CITY-ST-ZIP	RUSKIN, FL 33570	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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]* 2-25-98 813 645-3068

CR2E037 (10/97)