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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05659** **(0)**

1. Corporation Name

ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC

Principal Place of Business	Mailing Address
POST OFFICE BOX 2029 HOMOSASSA SPRINGS FL 34447 US	POST OFFICE BOX 2029 HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1984	3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3083237	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34447 Country 25: USA	Zip 29: 34447 Country 30: USA

9. Name and Address of Current Registered Agent

ABEL, ERIC D.
2450 N. CITRUS HILLS BLVD
HERNANDO FL 32642

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT (P) (D)	☑ Change ☐ Addition
NAME	JUNEJO, SHAKRA	12 NAME	EARL SAMSTAG	
STREET ADDRESS	3700 W. SAVERGN PATH	13 STREET ADDRESS	6276 GROVER CLEVEND BLVD	
CITY-ST-ZIP	LECANTO FL	14 CITY-ST-ZIP	HOMOSASSA SPRINGS, FL 34446	
TITLE	TD	21 TITLE	SECRETARY (S) (D)	☑ Change ☐ Addition
NAME	GAVEN, ROBERT	22 NAME	LISA JACKSON	
STREET ADDRESS	22 SWEETBAY COURT	23 STREET ADDRESS	[illegible] 5040 SO. CHESNUT TERRACE	
CITY-ST-ZIP	HOMOSASSA FL	24 CITY-ST-ZIP	[illegible] LECANTO, FL 34461	
TITLE	SD TRESURER	31 TITLE	TRESURER (T) (D)	☐ Change ☑ Addition
NAME	NEFF, STEVE	32 NAME	NEFF, STEVEN B.	
STREET ADDRESS	11678 W. TIMBERLANE DRIVE	33 STREET ADDRESS	11678 W. TIMBERLANE DR.	
CITY-ST-ZIP	HOMOSASSA SPRING FL 34448	34 CITY-ST-ZIP	HOMOSASSA SPRINGS, FL 3444	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Steven B. Neff 4-10-95 (904) 628-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064871