

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N05659 (0)**  
1. Corporation Name  
**ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC**



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

Mailing Address  
**POST OFFICE BOX 2029  
HOMOSASSA SPRINGS FL 34447  
US**

3. Date Incorporated or Qualified  
**10/15/1984**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3083237</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

## 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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>SD</b>	<b>Change</b>
NAME <b>SAMSTAG, EARL</b>		1.2 NAME <b>N. EUGENE RIDENOUR</b>	
STREET ADDRESS <b>6276 GROVER CLEVELAND BLVD</b>		1.3 STREET ADDRESS <b>8201 W TROTTER LANE</b>	
CITY-ST-ZIP <b>HOMOSASSA SPRINGS FL</b>		1.4 CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>TD</b>	<b>Change</b>
NAME <b>JACKSON, USA</b>		2.2 NAME <b>DARWIN BUDNICK</b>	
STREET ADDRESS <b>5040 SO. CHESNUT TERRACE</b>		2.3 STREET ADDRESS <b>5410 S MARSHA TERRACE</b>	
CITY-ST-ZIP <b>LECANTO FL</b>		2.4 CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b>	<b>Addition</b>
NAME <b>NEFF, STEVE</b>		3.2 NAME <b>FRANK SPINOSA</b>	
STREET ADDRESS <b>11678 W. TIMBERLANE DRIVE</b>		3.3 STREET ADDRESS <b>4253 WINDING OAKS DRIVE</b>	
CITY-ST-ZIP <b>HOMOSASSA SPRING FL</b>		3.4 CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<b>Addition</b>
NAME		4.2 NAME <b>CHRIS NAST</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>263 E REHILL STREET</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>LECANTO FL 34461</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*Earl C. Samstag* (Earl C. Samstag) 5/29/96 (352) 608-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)