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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
US

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447-2029
US

3. Date Incorporated or Qualified
10/15/1984

3a. Date of Last Report
06/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIDENOUR, N. EUGENE	
STREET ADDRESS	8201 W. TROTTER LANE	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUDNICK, DARWIN	
STREET ADDRESS	5410 S. MARSHA TERRACE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SPINOSA, FRANK	
STREET ADDRESS	4253 WINDING OAKS DRIVE	
CITY-ST-ZIP	HOMOSASSA SPRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAST, CHRIS	
STREET ADDRESS	263 E. REHILL STREET	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EARL C. SAMSTAG	
1.3 STREET ADDRESS	6276 GROVER CLEVELAND BLVD	
1.4 CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34446	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETH JOHNS	
2.3 STREET ADDRESS	6515 W SEVEN RIVERS DR	
2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARCHIE F. WILSON, III	
3.3 STREET ADDRESS	17 HOLLYHOCK CT	
3.4 CITY-ST-ZIP	HOMOSASSA FL 34446	
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 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: *Earl C. Samstag* REQUIRED C Samstag 4/23/97 (352) 698-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063235

CR2E037 (9/96)