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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/15/1984	4. FEI Number 59-3083237	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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		

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 **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	
TITLE	PO SAMSTAG, EARL C. <input type="checkbox"/> DELETE
NAME	6276 GROVER CLEVELAND BLVD
STREET ADDRESS	HOMOSASSA SPRINGS FL
CITY-ST-ZIP	
TITLE	DV JOHNS, BETH <input type="checkbox"/> DELETE
NAME	6515 W SEVEN RIVERS DR
STREET ADDRESS	CRYSTAL RIVER FL
CITY-ST-ZIP	
TITLE	D WILSON, ARCHIE F. I <input type="checkbox"/> DELETE
NAME	17 HOLLYHOCK CT
STREET ADDRESS	HOMOSASSA FL
CITY-ST-ZIP	
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	DT BUDNICK, DARWIN F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5410 S MARSHA TERR
1.3 STREET ADDRESS	HOMOSASSA FL
1.4 CITY-ST-ZIP	
2.1 TITLE	D NAST, CHRISTOPHER C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	263 E REHILL ST
2.3 STREET ADDRESS	LECANITO FL
2.4 CITY-ST-ZIP	
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:

Earl C. Samstag

EARL C. SAMSTAG

4/24/98

352-628-5050

CR2E037 (1097)