

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90034 035 ****61.25

DOCUMENT # N05659

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/15/1984

4. FEI Number

59-3083237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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	PD	<input type="checkbox"/> DELETE
NAME	SAMSTAG, EARL C.	
STREET ADDRESS	6276 GROVER CLEVELAND BLVD	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, BETH	
STREET ADDRESS	6515 W SEVEN RIVERS DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ARCHIE F. I	
STREET ADDRESS	17 HOLLYHOCK CT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BUDNICK, DARWIN F	
STREET ADDRESS	5410 S MARSHA TER	
CITY-ST-ZIP	HOMOSSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAST, CHRISTOPHER	
STREET ADDRESS	263 E REHILL ST	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VRDES
2.3 STREET ADDRESS	JAMES T. SANDERS
2.4 CITY-ST-ZIP	137 DOUGLAS ST
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	ELWOOD L. CURRIER
3.4 CITY-ST-ZIP	9781 W HALLS RIVER RD
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	FRANK A SPINOSA
4.4 CITY-ST-ZIP	4253 WINDING OAKS DR
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DT
5.3 STREET ADDRESS	HAROLD C HALL
5.4 CITY-ST-ZIP	105 DOUGLAS ST
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, with all other like empowered.

SIGNATURE:

Earl C. Samstag REQUIRED SAMSTAG

4/22/99

(352) 628-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)