

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

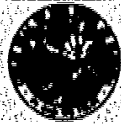
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N07336 (3)

1. Corporation Name
ROTARY CLUB OF LEESBURG, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
807 WEBSTER STREET P.O. BOX 2722 LEESBURG FL 34748-5026

3. Date Incorporated or Qualified **01/28/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2514102** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
**SAYLOR, BRUCE A.
907 WEBSTER STREET
LEESBURG FL 32748**

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 607.0502 and 607.1608, 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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ESKELI, TERRENCE L
STREET ADDRESS	75 ELDERBERRY CT
CITY - ST - ZIP	MINNEOLA FL
TITLE	D
NAME	RONALD E. LONG
STREET ADDRESS	01916 SPRING LAKE ROAD
CITY - ST - ZIP	FRUITLAND PARK FL
TITLE	PD
NAME	DON TROMBLEY
STREET ADDRESS	1004 LEE LANE
CITY - ST - ZIP	LEESBURG FL
TITLE	GD
NAME	SINGER, STEVEN N
STREET ADDRESS	1516 PARK DR
CITY - ST - ZIP	LEESBURG FL
TITLE	TD
NAME	MARTIN, BARBARA
STREET ADDRESS	100 AC OAK TERRACE DR
CITY - ST - ZIP	LEESBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESKELI, Terrence L.	
1.3 STREET ADDRESS	11222 Elderberry Ct	
1.4 CITY - ST - ZIP	Minneola, FL 34755	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DON TROMBLEY	
3.3 STREET ADDRESS	1004 Lee Lane	
3.4 CITY - ST - ZIP	Leesburg, FL 34748	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SINGER, Steven N.	
4.3 STREET ADDRESS	1516 Park Drive	
4.4 CITY - ST - ZIP	Leesburg, FL 34748	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JANICE ELAINE SCHNELL	
5.3 STREET ADDRESS	132 N. 7th Street	
5.4 CITY - ST - ZIP	Leesburg, FL 34748	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARY ANNE LYNUM	
6.3 STREET ADDRESS	111 Lakeshore Drive	
6.4 CITY - ST - ZIP	Leesburg, FL 34748	

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: Terrence L. Eskeli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terrence L. Eskeli

4/19/95 **(904) 787-5047**
DATE DAY/PHONE #