

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 # N07336 (3)

1. Corporation Name

ROTARY CLUB OF LEEBSBURG, FLORIDA, INC.

Principal Place of Business

907 WEBSTER STREET  
P.O. BOX 2722  
LEEBSBURG FL 34748-5026

Mailing Address

907 WEBSTER STREET  
P.O. BOX 2722  
LEEBSBURG FL 34748-5026



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1985		3a. Date of Last Report 04/26/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2514102		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SAYLOR, BRUCE A.  
907 WEBSTER STREET  
LEEBSBURG 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 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	PD	1.1 TITLE	D
NAME	ESKELI, TERRENCE L	1.2 NAME	ESKELI, Terrence L.
STREET ADDRESS	11222 ELDERBERRY CT.	1.3 STREET ADDRESS	11222 Elderberry Ct.
CITY-ST-ZIP	MINEOLA FL	1.4 CITY-ST-ZIP	Minneola, FL
TITLE	D	2.1 TITLE	
NAME	RONALD E. LONG	2.2 NAME	
STREET ADDRESS	01916 SPRING LAKE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	SD
NAME	TROMBLEY, DON	3.2 NAME	TROMBLEY, Don
STREET ADDRESS	1004 LEE LANE	3.3 STREET ADDRESS	1004 Lee Lane
CITY-ST-ZIP	LEEBSBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL
TITLE	VPD	4.1 TITLE	PD
NAME	SINGER, STEVEN N	4.2 NAME	SINGER, Steven N.
STREET ADDRESS	1516 PARK DRIVE	4.3 STREET ADDRESS	1516 Park Drive
CITY-ST-ZIP	LEEBSBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL
TITLE	TD	5.1 TITLE	TD
NAME	SCHNELL, JANICE E	5.2 NAME	ARCHEY, James
STREET ADDRESS	132 N. 7TH STREET	5.3 STREET ADDRESS	3430 US Hwy 441
CITY-ST-ZIP	LEEBSBURG FL	5.4 CITY-ST-ZIP	Fruitland Park, FL
TITLE	SD	6.1 TITLE	VPD
NAME	LYNUM, MARY A	6.2 NAME	LYNUM, Mary A.
STREET ADDRESS	111 LAKESHORE DRIVE	6.3 STREET ADDRESS	111 Lakeshore Drive
CITY-ST-ZIP	LEEBSBURG FL	6.4 CITY-ST-ZIP	Leesburg, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

Daytime Phone #

CR2E037 (12/95)