

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90092 050 ****61.25

DOCUMENT # N07336

1. Corporation Name

ROTARY CLUB OF LEESBURG, FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/28/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2514102

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAYLOR, BRUCE A.
907 WEBSTER STREET
LEESBURG FL 32748

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 ☒ DELETE
NAME **PD**
STREET ADDRESS **RICHARDS, JAMES A.**
CITY-ST-ZIP **3202 LAKE GRIFFIN ROAD**
LADY LAKE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Hux; Rhoda**
1.4 CITY-ST-ZIP **914 North Shore Drive**
Leesburg, FL 34748

TITLE ☐ DELETE
NAME **TDQM**
STREET ADDRESS **OODY, ROBERT H.**
CITY-ST-ZIP **05640 TWIN PALMS ROAD**
FRUITLAND PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **TROMBLEY, DON**
CITY-ST-ZIP **1004 LEE LANE**
LEESBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **SINGER, STEVEN N**
CITY-ST-ZIP **1516 PARK DRIVE**
LEESBURG FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **D'Annecy, Michelle**
4.4 CITY-ST-ZIP **04991 Picciola Road**
Fruitland Park, FL 34731

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **BRYAN, GLEN**
CITY-ST-ZIP **1105 N PALMETTO ST**
LEESBURG FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **Bryan, Glen**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARTIN, BARBARA H**
CITY-ST-ZIP **100A-2 OAK TERRACE DR**
LEESBURG FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **VPD**
6.3 STREET ADDRESS **Martin, Barbara H.**
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-99 1-352-7873533

CR2E037 (1/198)