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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # N07857 (8)

1. Corporation Name
ALUMNI BOAT CLUB OF ROLLINS COLLEGE, INC.

Principal Place of Business	Mailing Address
PO BOX 399 WINTER PARK FL 32790	PO BOX 399 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2546253 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26 1950 Thunderbird Tr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Maitland, FL
Zip 24 / Country 25	Zip 29 32751 / Country 30 Orange

9. Name and Address of Current Registered Agent

TARR, ASHLEY E
1816 MAYWOOD DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: M.J. Dennis
82 Street Address (P.O. Box Number is Not Acceptable): 1950 Thunderbird Tr.
83
84 City: Maitland FL 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: M.J. Dennis M.J. Dennis, Treasurer 07/31/95
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	☒ Change ☐ Addition
NAME	TARR, ASHLEY E	1.2 NAME	
STREET ADDRESS	PO BOX 399 N/A	1.3 STREET ADDRESS	1640 Mayfield Dr.
CITY-ST-ZIP	WINTER PARK FL 32790-0399	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COUTANT, PAM	2.2 NAME	
STREET ADDRESS	1116 WASHINGTON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	DENNIS, M.J.	3.2 NAME	
STREET ADDRESS	1950 THUNDERBIRD TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	RHODES, JUDITH	4.2 NAME	Liz Johnson
STREET ADDRESS	PO BOX 399 N/A	4.3 STREET ADDRESS	1701 Miller Ave.
CITY-ST-ZIP	WINTER PARK FL 32790-0399	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: M.J. Dennis M.J. Dennis 7/31/95 407-645-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032872