

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 # **N09266** (0)

1. Corporation Name

ROTARY CLUB OF FORT MEADE, FLORIDA, INC.



Principal Place of Business: PO BOX 738 FT MEADE FL 33841 US
Mailing Address: PO BOX 738 FT MEADE FL 33841 US

3. Date Incorporated or Qualified 05/14/1985	3a. Date of Last Report 04/06/1995
4. FEI Number 59-6155117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent SHIRLEY, JOHN R. 801 S. HOUSTON AVE. FT MEADE FL 33841	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 _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNNALLEE, JAMES	1.2 NAME	
STREET ADDRESS	300 NE THIRD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MEADE FL	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUENTHER, DENNIS	2.2 NAME	MAKER, CLIFFORD
STREET ADDRESS	500 N CHURCH AVE	2.3 STREET ADDRESS	300 S. WASHINGTON AVE
CITY - ST - ZIP	FT MEAD FL	2.4 CITY - ST - ZIP	FORT MEADE, FL 33841
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVEY, EARNEST	3.2 NAME	
STREET ADDRESS	505 N PERRY AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MEADE FL	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, ROBERT	4.2 NAME	
STREET ADDRESS	801 S HOUSTON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MEADE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, GEORGE	5.2 NAME	
STREET ADDRESS	300 S WASHINGTON, #57	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT MEADE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John R. Shirley **JOHN R. SHIRLEY** 2/5/96 (941) 285-8388

CR2E037 (12/95)