

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # N09266 (0)

1. Corporation Name

ROTARY CLUB OF FORT MEADE, FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 738
FT MEADE FL 33841
US

PO BOX 738
FT MEADE FL 33841
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1985	3a. Date of Last Report 02/12/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRLEY, JOHN R.
801 S. HOUSTON AVE.
FT MEADE FL 33841

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	T	1.1 TITLE	T
NAME	NUNNALLEE, JAMES	1.2 NAME	FERRIS, BEVERLY
STREET ADDRESS	300 NE THIRD ST	1.3 STREET ADDRESS	300 S WASHINGTON #57
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	P	2.1 TITLE	P
NAME	MAKER, CLIFFORD	2.2 NAME	BEHRING, FRITZ
STREET ADDRESS	300 S WASHINGTON AVENUE	2.3 STREET ADDRESS	8 WEST BROADWAY
CITY-ST-ZIP	FT MEADE FL	2.4 CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	VP	3.1 TITLE	VP
NAME	PEAVEY, EARNEST	3.2 NAME	STHRESHLEY III, LAWRENCE
STREET ADDRESS	505 N PERRY AVE	3.3 STREET ADDRESS	6402 BEECHNUT DR
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
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 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.

SIGNATURE

SIGNATURE REQUIRED

9/10/97 301 305-0380

CR2E037 (4/97)