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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10028 (1)

1. Corporation Name

ROTARY CLUB OF CASSELBERRY CHARITABLE FOUNDATION
, INC.

Principal Place of Business

5250 SOUTH U. S. HIGHWAY 17-92
P O BOX 180895
CASSELBERRY FL 32718-7895

Mailing Address

5250 SOUTH U. S. HIGHWAY 17-92
P O BOX 180895
CASSELBERRY FL 32718-08953. Date Incorporated or Qualified
07/02/19853a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2542609

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

OWEN, RICHARD B.
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VISSER, LARRY	
STREET ADDRESS	992 CARRIBBEAN PL	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, MARY	
STREET ADDRESS	1001 RED BUG RD	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREEMAN, DAN	
STREET ADDRESS	5200 S US HWY 17-92	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, MARGUERITE	
STREET ADDRESS	1255 MARINA POINT #307	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALCOLM MACDIARMID	
STREET ADDRESS	1723 GOLFSIDE DR	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GUTHRIE, DOUG	
STREET ADDRESS	208 PAUL MCCLURE CT	
CITY - ST - ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KILGORE, ROBIN	
1.3 STREET ADDRESS	2066 Poinciana Blvd.	
1.4 CITY - ST - ZIP	Winter Springs, FL 32792	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERKO, JAMES	
2.3 STREET ADDRESS	1814 Crowley Circle	
2.4 CITY - ST - ZIP	Longwood, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	32707	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2026 Chippewa Trail	
4.4 CITY - ST - ZIP	Maitland, FL 32751	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	32792	
5.4 CITY - ST - ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CRESSWELL, KATHLEEN	
6.3 STREET ADDRESS	P.O. Box 3696-N/A	
6.4 CITY - ST - ZIP	Winter Springs, FL 32708	

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, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN KILGORE

4/23/97

(407) 786-4399

Date

Daytime Phone # 0013314

CR2E037 (9/96)