

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 32718-7895
---	---

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

3. Date Incorporated or Qualified 07/02/1985	4. FEI Number 59-2542609	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	PD KILGORE, ROBIN 2066 POINCIANA BLVD. WINTER SPRINGS FL	1.1 TITLE	D 2864 PICKETT DOWNS DRIVE CHULUOTA, FL 32766
NAME	SD BERKO, JAMES 1814 CROWLEY CIR. LONGWOOD FL	1.2 NAME	V/D
STREET ADDRESS	TD FREEMAN, DAN 5200 S US HWY 17-92 CASSELBERRY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	D BALL, MARGUERITE 2028 CHIPPEWA TRAIL MAITLAND FL	1.4 CITY-ST-ZIP	
	D MALCOLM MACDIARMID 1723 GOLFSIDE DR WINTER PARK FL	2.1 TITLE	
	VD CRESSWELL, KATHLEEN P.O. BOX 3696-N/A WINTER SPRINGS FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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.

SIGNATURE:

Kathleen Cresswell

04/15/98 (407) 696-5070

CR2E037 (10/97)