

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 # **N18337** (8)

1. Corporation Name

ROTARY CLUB OF FROSTPROOF, INC.



Principal Place of Business

33 E. WALL ST.
FROSTPROOF FL 33843
US

Mailing Address

33 E. WALL ST.
FROSTPROOF FL 33843
US

3. Date Incorporated or Qualified
12/18/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-6209588

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRADDOCK, F. H
33 E. WALL ST.
FROSTPROOF FL 33843

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 officer 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	DV	<input type="checkbox"/> DELETE
NAME	CRADDOCK, F. H	
STREET ADDRESS	33 E. WALL ST.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	2 E. WALL ST.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WOODLEY, MICHAEL	
STREET ADDRESS	WOODLEY RD.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUDD, ANN L	
STREET ADDRESS	316 SUNSET RD.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, LARRY	
STREET ADDRESS	101 WILSON RD.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP CRADDOCK, F.H
1.3 STREET ADDRESS	33 E WALL ST
1.4 CITY - ST - ZIP	FROSTPROOF, FL 33843
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV GARRY JONES
2.3 STREET ADDRESS	102 OLD GROVE TRAIL
2.4 CITY - ST - ZIP	FROSTPROOF FL 33843
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D KAY TAYLOR
5.3 STREET ADDRESS	17 SCENIC HWY
5.4 CITY - ST - ZIP	FROSTPROOF FL 33843
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

1-29-96

941-635-3910

CR2E037 (12/95)