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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28418** (4)

1. Corporation Name

OLDSMAR, FLORIDA ROTARY CLUB, INC.



Principal Place of Business %CHARLES S. DAYHOFF III P. O. BOX 1372 OLDSMAR FL 34677	Mailing Address %CHARLES S. DAYHOFF III P. O. BOX 1372 OLDSMAR FL 34677-0025
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3. Date Incorporated or Qualified 09/19/1988	3a. Date of Last Report 08/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 59-2953855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DAYHOFF, CHARLES S. III CORNERSTONE CENTRE 3830 TAMPA ROAD, SUITE 150 PALM HARBOR FL 34684
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PERZE, PATRICIA
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	EDWARDS, DOUG
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	NIEHOFF, ROBERT
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PUSATERA, MIKE
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BURNS, MARNE
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LINTON, STEVE
STREET ADDRESS	P.O. BOX 1372 N/A
CITY-ST-ZIP	OLDSMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARDS, DOUG
2.3 STREET ADDRESS	P.O. BOX 1372 120 E. STATE ST.
2.4 CITY-ST-ZIP	OLDSMAR, FL 34677
3.1 TITLE	GILBERT, LARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GILBERT, LARRY
3.3 STREET ADDRESS	P.O. BOX 1372 NA
3.4 CITY-ST-ZIP	OLDSMAR, FL 34677
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MULVIHILL, JOHN
4.3 STREET ADDRESS	P.O. BOX 1372 351 Lafayette Blvd.
4.4 CITY-ST-ZIP	OLDSMAR, FL 34677
5.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BURNS, MARNIE
5.3 STREET ADDRESS	P.O. BOX 1372 100 State ST.
5.4 CITY-ST-ZIP	OLDSMAR, FL 34677
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SCHROEDER, DAVID
6.3 STREET ADDRESS	P.O. BOX 1372 3176 Windmoor Dr.
6.4 CITY-ST-ZIP	OLDSMAR, FL 34677

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 _____

CR2E037 (9/96)