

2-3-97
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Feb 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

DOCUMENT # N45952

(1)

1. Corporation Name

LAKE REGION ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1855
DUNDEE FL 33838

P.O. BOX 1855
DUNDEE FL 33838-1855



3. Date Incorporated or Qualified
11/08/1991

3a. Date of Last Report
01/29/1996

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

59-3039084

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

PALMER, DOUG
308 KENDALL DR.
WINTER HAVEN FL 33884

81 Name MARION MOORE

82 Street Address (P.O. Box Number is Not Acceptable)

253 SANTA ROSA DRIVE

83

84 City WINTER HAVEN

FL

85 Zip Code 33884

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

MARION MOORE

SECRETARY

1/15/97

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 ☒ DELETE
NAME SHEFFIELD, THOMAS
STREET ADDRESS 442 BROWARD TERRACE
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME OLSON, BILL
1.3 STREET ADDRESS 2284 CRUMP ROAD
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE VD ☒ DELETE
NAME OLSON, BILL
STREET ADDRESS 442 BROWARD TERRACE
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BOLAND, SCOTT
2.3 STREET ADDRESS 9650 W LAKE RUBY DR
2.4 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE SD ☒ DELETE
NAME PALMER, DOUG
STREET ADDRESS 308 KENDALL DR.
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME MOORE, MARION
3.3 STREET ADDRESS 253 SANTA ROSA DR
3.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE TD ☒ DELETE
NAME MOORE, MARION
STREET ADDRESS P. O. BOX 2573
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME NICKEL, DELL OREY
4.3 STREET ADDRESS 208 LAKE NED ROAD
4.4 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

X DELL OREY NICKEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 688-6811
Date Daytime Phone # 0053593

CR2E037 (9/96)