

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003022 (1)**

1. Corporation Name

**ORMOND BEACH WEST ROTARY FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**521 SOUTH YONGE STREET  
ORMOND BEACH FL 32174**

**C/O RICHARD A. BURT  
150 S. PALMETTO AVE., BOX A  
DAYTONA BCH. FL 32114  
US**

3. Date Incorporated or Qualified

**06/29/1993**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3203961**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**BURT, RICHARD A  
150 SOUTH PALMETTO AVENUE  
BOX A  
DAYTONA BEACH FL 32114**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THAMES, BILL	
STREET ADDRESS	276 N. NOVA RD.	
CITY - ST - ZIP	ORMOND BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BYNUM, RON	
STREET ADDRESS	217 RIVERBEND RD.	
CITY - ST - ZIP	ORMOND BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, RICHARD	
STREET ADDRESS	5 CROSS CREEKWAY	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>DHAND, ARUN</b>
1.4 CITY - ST - ZIP	<b>300-A CLYDE MORRIS BLVD. ORMOND BEACH, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>FORD, FRANCIS</b>
2.4 CITY - ST - ZIP	<b>1032 RIDGEWOOD AVE. HOLLY HILL, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RON BYNUM</b>
3.3 STREET ADDRESS	<b>217 RIVERBEND RD</b>
3.4 CITY - ST - ZIP	<b>ORMOND BEACH, FL</b>
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: **Ron Bynum - RON BYNUM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/96 904/672-7242**  
Date Daytime Phone #

CR2E037 (12/95)