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Feb 20 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 # N93000003022 (1)

1. Corporation Name

ORMOND BEACH WEST ROTARY FOUNDATION, INC.

Principal Place of Business

521 SOUTH YONGE STREET
ORMOND BEACH FL 32174

Mailing Address

C/O RICHARD A. BURT
150 S. PALMETTO AVE., BOX A
DAYTONA BCH. FL 32114-4320
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

02/27/1996

4. FEI Number

59-3203961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input 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 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FORD, FRANCIS	
1.3 STREET ADDRESS	1082 RIDGEWOOD AVE	
1.4 CITY-ST-ZIP	HOLLY HILL, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENKINS, DAVID	
2.3 STREET ADDRESS	4 OLD TRAILS	
2.4 CITY-ST-ZIP	ORMOND BCH, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVIS, JODY	
3.3 STREET ADDRESS	6 SUNWOOD TRAIL	
3.4 CITY-ST-ZIP	ORMOND BCH, FL	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97
Date

Daytime Phone #0001967

CR2E037 (9/96)