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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003587 (3)

1. Corporation Name

ORMOND BEACH WEST ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

521 YONGE STREET
ORMOND BEACH FL 32174C/O RICHARD A BURT
150 SO PALMETTO AVE BOX A
DAYTONA BCH FL 32114-4320
US3. Date Incorporated or Qualified
08/09/19933a. Date of Last Report
02/27/1996

4. FEI Number

59-2861739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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
DAYTONA BEACH FL

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
NAME DHAND, ARUN
STREET ADDRESS 300-A CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH FL☐ DELETE1.1 TITLE PD
1.2 NAME FORD, FRANCIS
1.3 STREET ADDRESS 1032 RIDGEWOOD AVE
1.4 CITY-ST-ZIP HOLLY HILL, FL☒ Change ☐ AdditionTITLE SD
NAME BYNUM, RON
STREET ADDRESS 217 RIVERBEND RD
CITY-ST-ZIP ORMOND BEACH FL☐ DELETE2.1 TITLE SD
2.2 NAME JENKINS, DAVID
2.3 STREET ADDRESS 4 OLD HAWK TRAIL
2.4 CITY-ST-ZIP ORMOND BCH, FL☒ Change ☐ AdditionTITLE TD
NAME FORD, FRANCIS
STREET ADDRESS 1032 RIDGEWOOD AVE
CITY-ST-ZIP HOLLY HILL FL☐ DELETE3.1 TITLE TD
3.2 NAME DAVIS, JODY
3.3 STREET ADDRESS 6 SUNWOOD TRAIL
3.4 CITY-ST-ZIP ORMOND BCH, FL☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

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CR2E037 (9/96)