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Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000778 (0)

1. Corporation Name

THE OCALA ROTARY CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 104  
OCALA FL 34478P.O. BOX 104  
OCALA FL 34478-0104

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FANTE, NORBERT JR.  
3337 S.E. 15TH STREET  
OCALA FL 34471

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 TD  
NAME FANTE, NORBERT JR.  
STREET ADDRESS 3337 S.E. 15TH STREET  
CITY-ST-ZIP Ocala FL 344711.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VP  
NAME WARNER, JOHN  
STREET ADDRESS 2508 NE 120TH ST.  
CITY-ST-ZIP SPARR FL 321822.1 TITLE President  
2.2 NAME Sandra Talarico  
2.3 STREET ADDRESS 4332 E. Silver Springs Blvd  
2.4 CITY-ST-ZIP Ocala, FL 34470TITLE D  
NAME JONES, SHARON  
STREET ADDRESS 4111 SW 30TH CT  
CITY-ST-ZIP Ocala FL 344743.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE S  
NAME GUERRA, JUAN  
STREET ADDRESS 4434 S.E. 13TH STREET  
CITY-ST-ZIP Ocala FL 344714.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME DEAN, JONATHAN  
STREET ADDRESS 14025 NW CR 464 B  
CITY-ST-ZIP MORRISTOWN FL 326885.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME BARNETT, ROBERT J  
STREET ADDRESS 10818 S.W. 87TH TERRACE  
CITY-ST-ZIP Ocala FL 344816.1 TITLE VP  
6.2 NAME John Fuller  
6.3 STREET ADDRESS 1709 E 38th Ave  
6.4 CITY-ST-ZIP Ocala, FL 34471

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:

Sandra B. Mortham

Norbert J. Fante Jr

Date

2/4/97

352-237-7277

CR2E037 (9/96)