FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000003144 (1) DOCUMENT #

FILED Apr 28 1997 8:00am Secretary of State

APOPK	A Br eakfast Rotary C	LUB, INC.		 	
Principal Plac	e of Business	Mailing Address		A FORALCIER DIE REIDE DIEN DONN DENN	BBIII OOIII BBIBE IIIDI IIDII DIDII BIBI IRDI
\$6 N PARK AVE APOPKA FL 32703 APOPKA FL 32703-4216					
				3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report 05/01/1996
21	lace of Business	26. Mailing Address 26		4. FEI Number 36-3986515	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
KELLEY, CHARLENE D			82 Street	Address (P.O. Box Number is Not Accepta	ible)
36 N PARK AVE APOPKA FL 32703			83		
A O I IV	116 02100				
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 617.1508, Florida Statule e of Florida. Such change was a gations of, Section 617.0503, Flo	es, the above-named authorized by the cor orida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent and little if applicable. (NOTE Reg 12. OFFICERS AND DIRECTORS			E Registered Agent signature	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	6	DELETE	1.1 TITLE	b	☐ Change 🔀 Addition
NAME	SCHUTZ, MIKE	•	1.2 NAME	Connie S. Gallagher 49 East Third Street	•
STREET ADDRESS	7441 LAKE ANDREA CIR.		1.3 STREET ADDRESS	149 East Third Street	
CITY-ST-ZIP	MT. DORA FL 32757		1.4 CITY-ST-ZIP	Apropha, Fla. 32703	
TITLE	D ATTOLICATION	☐ DELETE	2.1 TITLE	, ,	☐ Change ☐ Addition
NAME	BRICE, STEPHEN		22 NAME	{	
STREET ADDRESS	2217 HEATHEROAK DR. APOPKA FL 32703		2.3 STREET ADDRESS		•
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	TIBBS, CLARENCE	C Preside	3.2 NAME		La Change La Roomon
STREET ADDRESS	15720 ACORN CIR.		3.3 STREET ADDRESS	1	
CITY-ST-ZIP	APOPKA FL 32778		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	41 TITLE		Change Addition
NAME	JOHNSON, BOB		4. 2 NAME		
STREET ADDRESS	1625 MAGNOLIA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY - ST - ZIP		
TATLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURTON, JOHN		5.2 NAME		
STREET ADDRESS	216 NEEDLES TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	*.		6.2 NAME		
STREET ADDRESS	·*		6.3 STREET ADDRESS		

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 12 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP