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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003144 (1)**

1. Corporation Name

ROTARY CLUB OF APOPKA DAYBREAK, INC.

Principal Place of Business

**36 N PARK AVE
APOPKA FL 32703**

Mailing Address

**36 N PARK AVE
APOPKA FL 32703**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

36-3986515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

**KELLEY, CHARLENE D
36 N PARK AVE
APOPKA FL 32703**

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	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, CONNIE S.	
STREET ADDRESS	49 E. THIRD STREET	
CITY-ST-ZIP	APOPKA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICE, STEPHEN	
STREET ADDRESS	2217 HEATHEROAK DR.	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIBBS, CLARENCE	
STREET ADDRESS	15720 ACORN CIR.	
CITY-ST-ZIP	APOPKA FL 32778	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, BOB	
STREET ADDRESS	1625 MAGNOLIA AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, JOHN	
STREET ADDRESS	216 NEEDLES TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2301 RIDGESIDE RD.
1.4 CITY-ST-ZIP	APOPKA, FL 32703

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEBRA ADAMS
3.3 STREET ADDRESS	846 LAKE JACKSON CIRCLE
3.4 CITY-ST-ZIP	APOPKA, FL 32703

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 checked="" type="checkbox"/> Addition
5.2 NAME	LEE BALDWIN
5.3 STREET ADDRESS	1176 WOODLAND TERR. TRAIL
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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 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:

CONNIE S. GALLAGHER 1/6/98 (407) 671-1131

CR2E037 (10/97)