


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90030 014 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000003144

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 | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 06/26/1995 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 36-3986515 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

KELLEY, CHARLENE D
38 N PARK AVE
APOPKA FL 32703

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 | D | <input type="checkbox"/> DELETE |
| NAME | GALLAGHER, CONNIE S. | |
| STREET ADDRESS | 2301 RIDGESIDE RD | |
| CITY-STATE-ZIP | APOPKA FL 32703 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BRICE, STEPHEN | |
| STREET ADDRESS | 2217 HEATHEROAK DR. | |
| CITY-STATE-ZIP | APOPKA FL 32703 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ADAMS, DEBRA | |
| STREET ADDRESS | 846 LAKE JACKSON CIRCLE | |
| CITY-STATE-ZIP | APOPKA FL 32703 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, BOB | |
| STREET ADDRESS | 1625 MAGNOLIA AVE. | |
| CITY-STATE-ZIP | WINTER PARK FL 32789 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BALDWIN, LEE | |
| STREET ADDRESS | 1176 WOODLAND TERRACE TRAIL | |
| CITY-STATE-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Burton, John |
| 2.3 STREET ADDRESS | 2444 E. Semoran Blvd |
| 2.4 CITY-STATE-ZIP | Apopka, FL 32705 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Barth, Sean |
| 4.3 STREET ADDRESS | 750 Haddonstone Cir. Unit 202 |
| 4.4 CITY-STATE-ZIP | Heathrow, FL 32746 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-298-5940

CR2E037 (11/98)