

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003147 (4)
1. Corporation Name

APOPKA BREAKFAST ROPTARY SPONSORSHIP FUND, INC.

Principal Place of Business

36 N PARK AVE
APOPKA FL 32703

Mailing Address

36 N PARK AVE
APOPKA FL 32703



700001840737

-05/28/96--01031--041

***61.25

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. 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

KELLEÿ, 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 ☐ DELETE
NAME SCHUTZ, MIKE
STREET ADDRESS P.O. BOX 758 (NA)
CITY-ST-ZIP APOPKA FL 32714

TITLE D ☐ DELETE
NAME BRICE, STEPHEN
STREET ADDRESS P.O. BOX 758 (NA)
CITY-ST-ZIP APOPKA FL 32714

TITLE D ☒ DELETE
NAME NITZSCHKE, RON J
STREET ADDRESS P.O. BOX 758 (NA)
CITY-ST-ZIP APOPKA FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME CLARENCE TIBBS
1.3 STREET ADDRESS 15720 ACORN CIRCLE
1.4 CITY-ST-ZIP TAVARES, FL 32778

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BOB JOHNSON
2.3 STREET ADDRESS 1625 MAGNOLIA AVE.
2.4 CITY-ST-ZIP WINTER PARK, FL 32789

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME JOHN BURTON
3.3 STREET ADDRESS 216 NEEDLES TRAIL
3.4 CITY-ST-ZIP LONGWOOD, FL 32779

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME MIKE SCHUTZ
4.3 STREET ADDRESS 7441 LAKE ANDREA CIRCLE
4.4 CITY-ST-ZIP MT. DORA, FL 32757

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME STEPHEN BRICE
5.3 STREET ADDRESS 2217 HEATHEROAK DRIVE
5.4 CITY-ST-ZIP APOPKA, FL 32703

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

DATE

Daytime Phone #

CR2E037 (12/95)