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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003363

1. Corporation Name

THE ROTARY CLUB OF ORLANDO, INC.

Principal Place of Business
 32 W. GORE ST., SUITE 500
 ORLANDO FL 32806

Mailing Address
 32 W. GORE ST., SUITE 500
 ORLANDO FL 32806



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0581956	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLIS, BARBARA 32 W. GORE ST., SUITE 500 ORLANDO FL 32806				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			85 Zip Code
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEGBANK, LARRY			1.2 NAME			
STREET ADDRESS	2807 EDGEWATER DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDQUIST, DIANE			2.2 NAME			
STREET ADDRESS	75 S IVANHOE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32802			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, KEN			3.2 NAME			
STREET ADDRESS	1936 LEE RD, 3270			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			3.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAUSHLE, CARL			4.2 NAME	P. ROBERT C. FORD		
STREET ADDRESS	2233 LEE RD #101			4.3 STREET ADDRESS	1560 EAGLES NEST Cir.		
CITY-ST-ZIP	WINTER PARK FL 32789			4.4 CITY-ST-ZIP	Winter Springs, Fl.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NASON, WALTER			5.2 NAME	D. DANIELA ISON		
STREET ADDRESS	900 S MAGNOLIA AVE			5.3 STREET ADDRESS	2861 S. Delaney Ave.		
CITY-ST-ZIP	SANFORD FL 32771			5.4 CITY-ST-ZIP	ORLANDO, Fl. 32806		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, MARY ANN			6.2 NAME			
STREET ADDRESS	30 S MAGNOLIA #250			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			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, with all other like empowered.

SIGNATURE: _____ DATE: 2/3/99 407-422-9686.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)