## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 18, 2004 8:00 am Secretary of State **DOCUMENT # 744543** 1. Entity Name 03-18-2004 90018 010 \*\*\*\*61.25 ROTARY CLUB OF ST. PETERSBURG (SUNRISE) FLORIDA, USA, INC. Principal Place of Business Mailing Address 11 CENTRAL AVENUE SAINT PETERSBURG FL 33701 PO BOX 825 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State City & State 59-1726473 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Watters ~GROWNEY, LAURENCE M II~ O. Box Number is Not Acceptable ALHAMBRA NURSING HOME 7501-38TH AVE NO SAINT PETERSBURG FL 33710 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent lag SIGNATURE Signature, typed or ori (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEB IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD TITLE Delete TITLE Change Addition TERRY, SUSAN NAME NAME 4200 CENTAL AVE. BROADWATER H.C. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GROWNEY, LAURENCE M II Bruce Watters NAME NAME 7501-38TH AVE NORTH 4 Beach Dr NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP COWAN TITLE Delete TITLE ddition BORSUK, GEORGE NAME NAME AGINIX 100 1ST AVE. SO. STE 450 ---STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 mane appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

FILED

Date