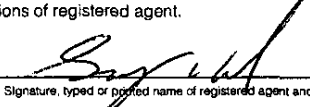


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90033 034 ****61.25

DOCUMENT # N16722 1. Entity Name ROTARY CLUB OF SARASOTA SUNRISE FOUNDATION, INC.					
Principal Place of Business P.O. BOX 595 SARASOTA, FL 34230 US			Mailing Address P.O. BOX 595 SARASOTA, FL 34230 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2307445	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLASER, JOHN A 1315 QUAIL DR. SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name PEAL, GARY Street Address (P.O. Box Number is Not Acceptable) 1817 BUCCANEER TERRACE City SARASOTA FL 34231		
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.					
SIGNATURE  GARY PEAL, SECRETARY/DIRECTOR 1-23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLASER, JOHN 1315 QUAIL DRIVE SARASOTA, FL 34231	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGOT, FRANK 1519 CLOWER CREEK DRIVE H252 SARASOTA, FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAFABREQUE, JOHN 5486 KELLY DRIVE SARASOTA, FL 34233	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSEN, GENE 5421 COUNTRY LAKES LANE SARASOTA, FL 34243	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAL, GARY 1817 BUCCANEER TERRACE SARASOTA, FL 34231	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ARTHUR HALL, ARTHUR 4802 POST POINTE DR. SARASOTA FL 34233	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGOT, FRANK 3749 SARASOTA SQUARE BLVD, APT 413 SARASOTA FL 34238	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCKMAN, JAY 6418 ROSEFINCH CT. BRADENTON FL 34202	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, WILLIAM 2743 MOSS OAK DRIVE SARASOTA FL 34231	☐ Change ☒ Addition			
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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ARTHUR HALL, TREASURER 1/24/04 941-914-0087 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					