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	Mailing Address
P.O. BOX 595 SARASTOA, FL 34230 US	P.O. BOX 595 SARASTOA, FL 34230 US

01192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2307445 ☐ Applied For ☐ Not Applicable

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 Zip Code 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) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLASER, JOHN 1315 QUAIL DRIVE SARASOTA, FL 34231	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HALL, ARTHUR 4802 POST POINTE DR. SARASOTA FL 34233	☐ Change ☑ Addition
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	D BAGOT, FRANK 3749 SARASOTA SQUARE BLVD, APT 413 SARASOTA FL 34238	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAFABREQUE, JOHN 5486 KELLY DRIVE SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☑ Change ☐ Addition
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 OCKMAN, JAY 6418 ROSEFINCH CT. BRADENTON FL 34202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEAL, GARY 1817 BUCCANEER TERRACE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 1/24/04 941-914-6087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #