2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N16722

Entity Name: ROTARY CLUB OF SARASOTA SUNRISE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 595
SARASTOA, FL 34230 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 595
SARASTOA, FL 34230 US

New Mailing Address:

FEI Number: 59-2307445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEAL, GARY
1817 BUCCANEER TERRACE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HALL, ARTHUR
Address: 4802 POST POINTE DR.
City-St-Zip: SARASOTA, FL 34233

Title: PD ( ) Delete
Name: LAFABREQUE, JOHN
Address: 5486 KELLY DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: OCKMAN, JAY
Address: 6418 ROSEFINCH CT
City-St-Zip: BRADENTON, FL 34202

Title: SD ( ) Delete
Name: PEAL, GARY
Address: 1817 BUCCANEER TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: LAWRENCE, WILLIAM
Address: 2743 MOSS OAK DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. PEAL SD 04/28/2006
Electronic Signature of Signing Officer or Director — Date