

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003425 (5)**

1. Corporation Name

THE ROTARY CLUB OF SARASOTA, A.M., INC.



Principal Place of Business

Mailing Address

**3530 SOUTH OSPREY AVENUE
SARASOTA FL 34239-5925**

**3530 SOUTH OSPREY AVENUE
SARASOTA FL 34239-5925**

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3737 BAHIA VISTA, STE 11

26 3737 BAHIA VISTA, STE 11

4. FEI Number

APPLIED FOR 36-3980994

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 11

Suite, Apt. #, etc.

27 SUITE 11

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 SARASOTA, FL.

City & State

28 SARASOTA, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 34232

Country

25 USA

Zip

29 34232

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURLBURT, DAWN
3530 SOUTH OSPREY AVENUE
SARASOTA FL 34239-5925**

81 Name MR. GAIL MILLER

**82 Street Address (P.O. Box Number is Not Acceptable)
3737 BAHIA VISTA, SUITE 11**

83

84 City SARASOTA

FL

85 Zip Code 34232

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

MR. GAIL MILLER, SECRETARY & registered agent

Gail Miller

8/2/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SCHWENK, DOUGLAS**
STREET ADDRESS **2828 CLARK ROAD STE. 11**
CITY - ST - ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE
NAME **RANCOURT, DAVE**
STREET ADDRESS **7261 BEE RIDGE ROAD**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **HURLBURT, FRANK III**
STREET ADDRESS **3530 S. OSPREY AVENUE**
CITY - ST - ZIP **SARASOTA FL 34239**

TITLE **D** ☒ DELETE
NAME **FALLON, RICHARD**
STREET ADDRESS **3816 COUNTRY SIDE LANE**
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE
NAME **SNYDER, DONALD H JR**
STREET ADDRESS **5603 28TH STREET WEST**
CITY - ST - ZIP **BRADENTON FL 34207**

TITLE **D** ☐ DELETE
NAME **MILLER, GAIL**
STREET ADDRESS **3737 BAHIA VISTA, SUITE 11**
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T**
1.3 STREET ADDRESS **MICHAEL RANCOURT**
1.4 CITY - ST - ZIP **7261 BEE RIDGE ROAD
SARASOTA, FL. 34241** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **S**
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *David Rancourt* **MR. DAVID RANCOURT, DIRECTOR**

8/2/96 941-378-4664

Date

Daytime Phone #

0014847

CR2E037 (3/96)