FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 15 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45537 (0)

1. Corporation Name
ROTARY CLUB OF VERO BEACH SUNRISE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6274 VERO BEACH FL 32961	P.O. BOX 6274 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0105200 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RENNINGER, FRED W., JR.
138 11TH COURT
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D ☑ Change ☐ Addition
NAME	LOWTHER, TOM	1.2 NAME	LOWTHER, TOM
STREET ADDRESS	P. O. BOX 6274 N/A	1.3 STREET ADDRESS	PO BOX 6274 N/A
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	VD	2.1 TITLE	PD ☑ Change ☐ Addition
NAME	FRITZ, TOM	2.2 NAME	REDSTONE, PAUL
STREET ADDRESS	P. O. BOX 6274 N/A	2.3 STREET ADDRESS	PO BOX 6274 N/A
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LABADIE, LARRY	3.2 NAME	
STREET ADDRESS	P. O. BOX 6274 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	TRIMM, RUSSELL	4.2 NAME	CORLEY, PARKS
STREET ADDRESS	P. O. BOX 6274 N/A	4.3 STREET ADDRESS	PO BOX 6274 N/A
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	RENNINGER, FRED	5.2 NAME	
STREET ADDRESS	P. O. BOX 6274 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	CAPECE, PETE	6.2 NAME	
STREET ADDRESS	P. O. BOX 6274 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

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)(i), 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: Fred W. Renninger, Jr. 3/8/95 407 778-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRED W. RENNINGER, JR.

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