2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2008 8:00 am **Secretary of State** DOCUMENT # N94000004476 03-12-2008 90024 024 ****61.25 1. Entity Name ROTÁRY CLUB OF SARASOTA, FLORIDA. INCORPORATED Mailing Address Principal Place of Business PO BOX 2766 1680 FRUITVILLE ROAD SARASOTA, FL 34230 SUITE 102 SARASOTA, FL 34236 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 2750 Kingling Suite, Apt. #, etc. 02292008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-6153264 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired <u>usa</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVIN, JERRY 1680 FRUITVILLE ROAD **SUITE 102** SARASOTA, FL 34236 Zip Code 34237 DARASONO 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. UD KEN TORRINGTON TITLE PFD TITLE 🗸 Delete 2447 Amanda DR ZAHN, THOMAS NAME NAME SAPA Sota FL 34232 7554 BILTMORE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34231 CITY_ST_7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE SMITH, GARY NAME NAME 7498 ELEANOR CIR. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7IP JEAN SKINNER 7612 CALLE FACIL X Addition TITLE Delete TITLE NAME TUCKER: BEN ---NAME 5444 AZURE WAY STREET ADDRESS STREET ADDRESS _ FL 34238 CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 34242 TITLE ☐ Addition Delete TITLE SMITH, DAN M NAME NAME STREET ADDRESS 5026 MARSHFIELD RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP JAYDE CORY 3038 BAY DARS DR ☐ Change ☐ Delete TITLE TITLE NAME BARTYS, PETER NAME STREET ADDRESS 47 TALL TREES CT STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE FORMELLA, JOE NAME NAME 4717 PINNACLE DR STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

SARASOTA, FL 34208

CITY-ST-ZIP 1

OFFICER OR DIRECTOR

FILED