


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

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N45537		
1. Entity Name ROTARY CLUB OF VERO BEACH SUNRISE, INC.		
Principal Place of Business P.O. BOX 6274 VERO BEACH, FL 32961	Mailing Address P.O. BOX 6274 VERO BEACH, FL 32961	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FAIRBAIRN, LAILE E DR 374 W KEY LIME SQ SW VERO BEACH, FL 32968		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAIRBAIRN, LAILE E PO BOX 6274 VERO BEACH, FL 32961	
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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.		
SIGNATURE: <u>Laile E. Fairbairn</u> <u>Laile E Fairbairn</u> <u>4/30/08</u> <u>772 978 9733</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0105200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/30/08-80025-012 61.25

**DO NOT WRITE
IN THIS SPACE**