I hereby certify that the information indicated on this report or supplemental report is true and accurate a		
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 Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JEAN M NATHE	TREASURER	03/09/2020

TREASURER

SIGNATURE: JEAN M. NATHE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1500009063

Entity Name: DADE CITY SUNRISE ROTARY FOUNDATION, INC.

Current Principal Place of Business:

11441 US HIGHWAY 301 DADE CITY, FL 33525

Current Mailing Address:

POST OFFICE BOX 1357 DADE CITY, FL 33526

FEI Number: 47-5245498

Name and Address of Current Registered Agent:

BUSH, RANDAL L 11441 US HIGHWAY 301 DADE CITY, FL 33525 US

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	: RANDAL BUSH		03/09/2020	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	P	Title	S	
Name	BUSH, RANDAL L	Name	HARPER, CYNTHIA A	
Address	11441 US HIGHWAY 301	Address	12303 FOREST HIGHLANDS DRIVE	
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525	
Title	т	Title	D	
Name	NATHE, JEAN	Name	MALLORY, BARBARA	
Address	PO BOX 1073	Address	16453 SPRING VALLEY ROAD	
City-State-Zip:	SAN ANTONIO FL 33576	City-State-Zip:	DADE CITY FL 33523	

Certificate of Status Desired: No

FILED Mar 09, 2020 Secretary of State 1723577330CC

Date