


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90015 010 \*\*\*\*61.25

<b>DOCUMENT # 710544</b>	
1. Entity Name <b>ROTARY CLUB OF SARASOTA BAY, INCORPORATED</b>	

Principal Place of Business <b>POST OFFICE BOX 50484 SARASOTA FL 34232-0304 US</b>	Mailing Address <b>POST OFFICE BOX 50484 SARASOTA FL 34232-0304 US</b>
---	---



2. Principal Place of Business <b>POST OFFICE BOX 755</b>	3. Mailing Address <b>POST OFFICE BOX 755</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

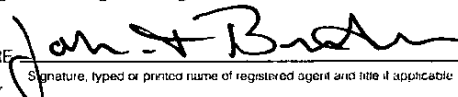
1st MOORE CR2E037 (10/05)

City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
Zip <b>34230-0755</b>	Zip <b>34230-0755</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-6143545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BERTEAU, JOHN T. 200 S ORANGE AVE SARASOTA FL 34236</b>
---

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
---

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 	<b>JOHN T. BERTEAU</b>	<b>2-28-06</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE		

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD MURPHY, MICHAEL 1523 GEORGETOWNE LANE SARASOTA FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>SD LAUNDY, CHARLES F 5569 BOULDER BLVD SARASOTA FL 34233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TD LOCKIE, CLYDE 1904 BROADMOOR PINES BLVD SARASOTA FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PED BLINCH-EDWARDS, ROBERT 561 CUTTER LANE LONGBOLT KEY FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>VPD STUCKEY, ROBERT 5502 GARDENS DR SARASOTA FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>PPD MASIERO, MARILYN 2522 ROSE STREET SARASOTA FL 34239</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PPD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PD BLINCH-EDWARDS, ROBERT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PDE GOOCH, FRANK 7880 PALM AIRE LN #106 SARASOTA, FL 34243-3733</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VPD ANGERS, MICHAEL 7350 CAPTAIN KIDD AVE SARASOTA FL 34231</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Charles F. Laundry* **CHARLES F. LAUNDY** **2/23/2006** **941-341-0945**