## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**POCUMENT #** 

710826

(9)

May 14 1998 8:00am					
Secretary of State					

EII ED

1. Corporation Name						
SARASOTA KEYS ROTARY FUND, INC.						
				A NGORIK TODAN KIRIN SIGIN PANDA MEND OKUL DIRUK DIBUK DIRUK DIRUK DIRUK DIRUK DIRUK DIRUK DIRUK BIRIK DIRUK K		
Principal Plac	e of Business	Mailing Address		1 48611, 1559, Wert #5191 1519, Wend #111 31311 41511 81511 81511 81511 81511 81511		
1858 RINGLING BLVD 1858 RINGLING				3. Date Incorporated or Qualified		
SARASOTA FL 34236		SARASOTA FL 34236		<b>05/03/1966</b>		
				4. FEI Number Applied For		
				<b>59-6153836</b> Not Applicable		
2. Principal P	Place of Business	2a. Mailing Address		CO TE Additional		
21		26		5. Certificate of Status Desired 58.75 Additional Fee Required		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	****	6. Election Campaign Financing \$5.00 May Be		
27			Trust Fund Contribution Added to Fees			
City & State City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		28				
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intapgible		
24	25]		30	Personal Property Tax due June 30. 🔲 Yes 💢 No		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent		
			81 Name			
	<b>SKIPPER, J. RONALD</b>			ddress (P.O. Box Number is Not Acceptable)		
	ngling blyd					
SARAS	OTA FL 34236		63			
·			84 City	85 Zip Code		
	<del></del>			FL   S   Z   P COOLS		
11. Pursuant office or r	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
agent. I a	im familiar with, and accept the oblig	ations of Section 617.0503, Flor	ida Statutes.	, <b>,,,</b>		
SIGNATURE			<del></del>			
12.	Signature, typed or printed name of registered ag	EN AND THE PROPRICADIO (NOTE:	Registered Agent signature re 13.	ecuired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	DELETE	1.1 TITLE	Change Addition		
NAME	GRIFFES, ALAN J.		1.2 NAME			
STREET ADDRESS	407B 76TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLMES BEACH FL		1.4 CITY-ST-ZIP			
TITLE	TD	DELETE	2.1 TITLE	Change Addition		
NAME	CLARKE, ROBERT P.	_	2.2 NAME			
STREET ADDRESS	1858 RINGLING BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	AURICCHIO, LOUIS	- <del>-</del>	3.2 NAME	· .		
STREET ADDRESS	8659 WOODBRIAR DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP			
TITLE	SD	DELETE	4.1 TOTLE	Change Addition		
NAME	LINEWEAVER, JOHN		4. 2 NAME			
STREET ADDRESS	1141 SEA PLUM WAY		4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP"			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
	<del></del>	<del></del>				

14. Thereby certify that the information supplied with this filing 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 changes, or on an attachment with an address.

SIGNATURE:

RUBERT D. C. ORILE

4/30/12