

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 028 ****61.25

44003073



| | | | | | |
|---|-------------------------|---|---|--|--|
| DOCUMENT # 710826 1. Entity Name SARASOTA KEYS ROTARY FUND, INC. | | | | | |
| Principal Place of Business 1858 RINGLING BLVD SARASOTA, FL 34236 | | | Mailing Address 1858 RINGLING BLVD SARASOTA, FL 34236 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-6153836 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SKIPPER, J. RONALD 1515 RINGLING BLVD SARASOTA, FL 34236 | | | | Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUGHEY, ARTHUR | | NAME | Palmer, Lou Ann | |
| STREET ADDRESS | 11004 WATER LILY WAY | | STREET ADDRESS | 4160 Fruitville Rd #75 | |
| CITY-ST-ZIP | BRADENTON, FL 342024183 | | CITY-ST-ZIP | Sarasota FL 34232 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, ROBERT P. | | NAME | | |
| STREET ADDRESS | 1858 RINGLING BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLEMENCE, LORI | | NAME | Hendon, Marvin | |
| STREET ADDRESS | 6183 PALMER ROAD | | STREET ADDRESS | 10519 Cheval Pl | |
| CITY-ST-ZIP | SARASOTA, FL 34240 | | CITY-ST-ZIP | Bradenton FL 34202 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, LOU ANN | | NAME | Cook, Robert | |
| STREET ADDRESS | 4160 FRUITVILLE RD # 75 | | STREET ADDRESS | 79 Arbor Oaks Dr | |
| CITY-ST-ZIP | SARASOTA, FL 34232 | | CITY-ST-ZIP | Sarasota FL 34232 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby 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 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: _____ | | | Date: <u>1/14/03</u> Daytime Phone # _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |