

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733930

FILED
Apr 25, 2005
Secretary of State

Entity Name: SARASOTA GULF GATE ROTARY CLUB, INC.

Current Principal Place of Business:

7101 S. TAMIAMI TRAIL, STE A
SARASOTA, FL 342315571

New Principal Place of Business:

Current Mailing Address:

ROTARY CLUB OF SARASOTA GULFGATE
P.O. BOX 17581
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 23-7335786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KENT J
7101 S. TAMIAMI TRAIL, STE A
SARASOTA, FL 342315571 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEIGEL, BLAIR A
Address: 1717 SOUTHPOINT DR
City-St-Zip: SARASOTA, FL 34231

Title: DP () Delete
Name: PORTER, LARRY
Address: 2820 SUNNY BROOK
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: KRAMER, ROBERT
Address: 8942 HUNTINGTON PT DR
City-St-Zip: SARASOTA, FL 34238

Title: T (X) Delete
Name: MILES, WILLIAM G
Address: 2050 PROCTOR RD., SUITE F
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: KILLOREN, VALERIE R
Address: 2325 TANGERINE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE R KILLOREN

DT

04/25/2005

Electronic Signature of Signing Officer or Director

Date