

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762944 (7)
1. Corporation Name
ROTARY CLUB OF SARASOTA SUNRISE, INC.



Principal Place of Business: % E RALPH TIRABASSI, 1515 RINGLING BLVD. STE 100, SARASOTA FL 34236-5683, US
Mailing Address: % E RALPH TIRABASSI, 1515 RINGLING BLVD. STE 100, SARASOTA FL 34236-5683, US

3. Date Incorporated or Qualified: 04/21/1982
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-2089501
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent: TIRABASSI, E RALPH, 1515 RINGLING BLVD, SUITE 100, SARASOTA FL 34236
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, Zip Code.

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.

SIGNATURE: [Signature] (Signatures of registered agent and corporation required for filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE: PD President & Director <input type="checkbox"/> DELETE	NAME: LAWRENCE, WILLIAM	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2743 MOSS OAK DR.	CITY-ST-ZIP: SARASOTA FL 34231	12 NAME:	
TITLE: SD Vice President & Director <input type="checkbox"/> DELETE	NAME: FURST, WILLIAM	13 STREET ADDRESS:	
STREET ADDRESS: 4520 SHADOWLEAF DR.	CITY-ST-ZIP: SARASOTA FL 34233	14 CITY-ST-ZIP:	
TITLE: PD Board of Directors <input type="checkbox"/> DELETE	NAME: EGGLESTON, JERRY	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1868 RIVERIA CIR	CITY-ST-ZIP: SARASOTA FL 34232	22 NAME:	
TITLE: D Treasurer & Director <input type="checkbox"/> DELETE	NAME: VROSS, JERRY	23 STREET ADDRESS:	
STREET ADDRESS: 950 S. TRAIL Ste 204	CITY-ST-ZIP: SARASOTA FL 34236	24 CITY-ST-ZIP:	
TITLE: VD President Elect. & Director <input type="checkbox"/> DELETE	NAME: CUNNINGHAM, ROBERT	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4567 MCINTOSH LANE	CITY-ST-ZIP: SARASOTA FL 34232	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed on an attachment with an address.

SIGNATURE: X [Signature] A.G. VROSS TRS X 2-12-96 X 952-0888
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E037 (12/95)