## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthark

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(7)

ROTARY CLUB OF SARASOTA SUNRISE, INC.

Principal Place of Business Mailing Address % E RALPH TIRABASSI 1515 RINGLING BLVD. STE 100 % E RALPH TIRABASSI 1515 RINGLING BLVD. STE 100

SARASOTA FL 34236-5683		SARASOTA FL 34238-6769				
US	V V V	ÜS		3. Date Incorporated or Qualified 3a.   04/21/1982	Date of Last Report 03/30/1996	
2. Principal Place of Business		2a. Mailing Address	····	4. FEI Number	Applied For	
21		26		<b>59-2089501</b> Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
23		26		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangib	le tax under s. 199.032,	
24	25	29 36	0	Florida Statutes	<b>⊠</b> , No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent	
			81 Name			
TIRABASSI, E RALPH			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
1515 RI	NGLING BLVD		on bot vide	stood (F.O. Dox Hambor to Hot Accoptable)		
SUITE 100			83			
SARASOTA FL 34236			04 00		A=  7:= 0	
A			<b>84</b> City	F	85 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 Statules.						
6						
SIGNATURE						
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PRESIDENT, DIRECTOR (D	Change Addition	
NAME	LAWRENCE, WILLIAM	, ,	1.2 NAME	ROBERT CUNNINGHON	1	
STREET ADDRESS	2743 MOSS OAK DR.		1.3 STREET ADDRESS	567 MCINTOSH LANE	<b>.</b>	
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY - ST - ZIP	BORASOTA, FL. 347	37	
TITLE	VPD	DELETE		VICE PRESIDENT / D	Change Addition	
NAME	FURST, WILLIAM	~		roseph Hudgins		
STREET ADDRESS	4520 SHADOWLEAF DR.		23 STREET ADDRESS	270 Bay ROOD		
	SARASOTA FL 34233			EDROSOTA, FL. 347	39	
CITY-ST-ZIP TITLE	BOFD	₩ DELETE			Change Addition	
	EGGLESRON, JERRY	DELETE.		BECRETORY / D	C onerige C Address	
NAME	1868 RIVERIA CIR		3.2 NAME	rdrilyn (Hahn 1420 Oak Moss Drive	•	
STREET ADDRESS	***		1		4/	
CITY-ST-ZIP	SARASOTA FL 34232	DOUGE	3.4. CITY-ST-ZIP			
TITLE	TD	X DELETE		reasurer D		
NAME	VROSS, JERRY		I	CEVIN NUGENT		
STREET ADDRESS	950 S. TRAIL		4 3 STREET ADDRESS	699 LANDINGS LANE,	1	
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CiTY-ST-ZIP	BARASOTA, FL. 34	47	
TITLE	PD	DELETE	11.	resident-elect/d	Change Addition	
NAME	CUNININAHAM, ROBERT	-	52 NAME	villion Furst	سر ہ	
STREET ADDRESS	4567 MCLNTOSH LANE		5.3 STREET ADDRESS	1520 SHADOW LEAF D	841C	
CITY-ST-ZIP	SARASOTA FL 34232		54 CITY-ST-ZIP	SARASOTA, FL. 342	33 <u> </u>	
TITLE		DELETE	61 TITLE	7	Change Addition	
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

14. I do 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 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an ettactyment with an accress.

**FILED** 

Mar 17 1997 8:00am

Secretary of State