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

DOCUMENT #

762944

(7)

ROTARY CLUB OF SARASOTA SUNRISE, INC.

FILED Feb 19 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			AL BIBLI BIBLI DIDIR DIBEN DIBER DIBEN 1901	
% e ralph tirabassi 1515 ringling blyd. Ste 100 Sarasota fl 34236-5683 US		% E RALPH TIRABA\$SI 1515 RINGLING BLVD. STE 100° SARASOTA FL 34236-5683 US			3. Date Incorporated or Qualified	
				04/21/1982		
				4. FEI Number	Applied For	
00		00			59-2089501	Not Applicable
2. Principal Place of Business		2a, Mailing Address		i i	\$8.75 Additional	
21		26	- 4		5. Collingate of Status Desired	Fee Required
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
City & State		City & State	ul.	1000		Added to Fees
23		<u> </u>	28		7. Is this nonprofit corporation a hon	neowners association? Yes No
Zip	Country	Zip	Country	,	8. This corporation owes or has paid	
24	25	<u> </u>	10		Personal Property Tax due June 3	
	9. Name and Address of Curr		<u> </u>		10. Name and Address of New Reg	
			81	Name		
TIRABASSI, E RALPH				Street Ac	ddress (P.O. Box Number is Not Acceptable	a)
1515 RINGLING BLVD			82	00017.10	The state of the s	·/
SUITE 1			63]		
SARASO	OTA FL 34236		84	City		85 Zip Code
				1		FL " '
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 ob-	ligations of, Section 617.0503, Flori	da Statute	5.	value to board or alrestore. Thoroby accept	the appearance as regiones
SIGNATURE						
12.	Signature, typed or printed name of registered	agent and title if applicable (NOTE: I AND DIRECTORS	Registered Age	ent eignature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	CUNNINGHAM, ROBERT		1.2 NAME			
STREET ADDRESS	4567 MCINTOSH LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE	,, <u>+,,</u>		Change Addition
NAME	HUDGINS, JOSEPH		2.2 NAME			
STREET ADDRESS	1220 BAY ROAD		2.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP			
TITLE	S D	DELETE 3.17				Change Addition
NAME	**************************************		3.2 NAME			
STREET ADDRESS	7420 OAK MOSS DRIVE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-5	ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE		P	Change Addition
NAME	NUGENT, KEVIN	•	4. 2 NAME		D RHYMOND PROFANT 513/ JUNGLE PLUM RD SHRHSOFA F/N 3YEYZ	
STREET ADDRESS	,		4.3 STREET ADDRESS		513/ JUNGGE PCU	m 180
CITY-ST-ZIP	SARASOTA FL			T-21P	DAKHSOLIF F/A	31242 ☐ Change ☐ Addition
TITLE	PD SUBST WILLIAM	☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET			
CITY-ST-ZIP	SARASOTA FL	I herezê	5.4 CITY - S	T-ZIP		Change I 44301
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

4. 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 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, or on an attachment with an address.

CICALATUDE.

14 841-388-396