


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90031 037 \*\*\*\*61.25

**DOCUMENT # 762944**  
 1. Entity Name  
 ROTARY CLUB OF SARASOTA SUNRISE, INC.



Principal Place of Business  
 P.O. BOX 595  
 SARASOTA, FL 34230 US

Mailing Address  
 P.O. BOX 595  
 SARASOTA, FL 34230 US

44008614



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
 59-2089501

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

01302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
 CUNNINGHAM, ROBERT R  
 4567 MCINTOSH LN  
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent  
 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE 2/4/04

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$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: P	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LAFABREGUE, JOHN		NAME: LAWRENCE, WILLIAM	
STREET ADDRESS: 5486 KELLY DR		STREET ADDRESS: 2743 MOSS OAK DRIVE	
CITY-ST-ZIP: SARASOTA, FL 34233		CITY-ST-ZIP: SARASOTA, FL 34231	
TITLE: VP	<input checked="" type="checkbox"/> Delete	TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LAWRENCE, WILLIAM		NAME: IRVING, JAMES	
STREET ADDRESS: 2743 MOSS OAK DR		STREET ADDRESS: 7790 FINE TRACE DRIVE	
CITY-ST-ZIP: SARASOTA, FL 34231		CITY-ST-ZIP: SARASOTA, FL 34243	
TITLE: S	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANDERSON, KATHLEEN		NAME:	
STREET ADDRESS: 1319 KIRKWOOD LN		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA, FL 34232		CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CUNNINGHAM, ROBERT		NAME:	
STREET ADDRESS: 4567 MCINTOSH LN		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA, FL		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOCKHOLD, GARY		NAME:	
STREET ADDRESS: 7416 S SERENOA DR		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA, FL 34241		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FIORE, EMIL		NAME:	
STREET ADDRESS: 5318 GRASMERE LN		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA, FL 34241		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: *[Signature]* DATE: 2/4/04 DAYTIME PHONE: 941-987-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR