


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90002 005 \*\*\*\*61.25

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



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

2. Principal Place of Business      3. Mailing Address  
*Same*      *Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2089501**      Not Applicable

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

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 **Elton Ockman**  
 Street Address (P.O. Box Number is Not Acceptable) **6418 Rose Finch Ct. # 201**  
 City **Bradenton**      FL      Zip Code **34202**

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]*      DATE **6/27/05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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**

TITLE: P	NAME: LAWRENCE, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2743 MASS OAK DRIVE	CITY-ST-ZIP: SARASOTA FL 34231	
TITLE: VP	NAME: IRVING, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 7790 PINE TRACE DR.	CITY-ST-ZIP: SARASOTA FL 34243	
TITLE: S	NAME: ANDERSON, KATHLEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 1319 KIRKWOOD LN	CITY-ST-ZIP: SARASOTA FL 34232	
TITLE: T	NAME: CUNNINGHAM, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4567 MCINTOSH LN	CITY-ST-ZIP: SARASOTA FL	
TITLE: D	NAME: BOCKHOLD, GARY	<input type="checkbox"/> Delete
STREET ADDRESS: 7416 S SERENOA DR	CITY-ST-ZIP: SARASOTA FL 34241	
TITLE: D	NAME: FIORE, EMIL	<input type="checkbox"/> Delete
STREET ADDRESS: 5318 GRASMERE LN	CITY-ST-ZIP: SARASOTA FL 34241	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: P	NAME: Pamplin, Robert	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 801 Oak Briar Lane	CITY-ST-ZIP: Osprey, FL 34229	
TITLE: VP	NAME: Richard, Christa	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1668 Pinyon Pine Dr.	CITY-ST-ZIP: Sarasota, FL 34240	
TITLE: S	NAME: Dull, Michael	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: PO Box 5118	CITY-ST-ZIP: Sarasota, FL 34217	
TITLE: T	NAME: Ockman, Elton	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6418 Rose Finch Ct. # 201	CITY-ST-ZIP: Bradenton, FL 34202	
TITLE: D	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: D	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	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: **6/27/05**      DAYTIME PHONE #: **941 928-2817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

