# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# 762944

**Entity Name:** ROTARY CLUB OF SARASOTA SUNRISE, INC.

**Current Principal Place of Business:**

3713 BAHIA VISTA ST.
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 595
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number: 59-2089501** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUNNINGHAM, ROBERT
4567 MC INTOSH LANE
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | ELIADES, CAROLYN J | |
| Address: | 7751 CHERRY LAUREL CT | |
| City-St-Zip: | SARASOTA, FL 34241 | |
| Title: | VP | ( ) Delete |
| Name: | HENRY, WILLIAM | |
| Address: | 3943 BERLIN DR | |
| City-St-Zip: | SARASOTA, FL 34233 | |
| Title: | S | ( ) Delete |
| Name: | HEAGERTY, DAVID | |
| Address: | 8105 COLLINGWOOD CT. | |
| City-St-Zip: | SARASOTA, FL 34201 | |
| Title: | T | ( ) Delete |
| Name: | STANEY, SANDRA W | |
| Address: | 7751 CHERRY LAUREL CT | |
| City-St-Zip: | SARASOTA, FL 34241 | |
| Title: | D | ( ) Delete |
| Name: | BOCKHOLD, GARY | |
| Address: | 4104 ROBERTS POINT RD | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | D | ( ) Delete |
| Name: | DEBROSSE, TOM | |
| Address: | 2826 BENTLY ST | |
| City-St-Zip: | SARASOTA, FL 34239 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | (X) Change ( ) Addition |
| Name: | ELIADES, CAROLYN J | |
| Address: | 7751 CHERRY LAUREL CT | |
| City-St-Zip: | SARASOTA, FL 34241 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | PD | (X) Change ( ) Addition |
| Name: | DEBROSSE, TOM | |
| Address: | 2826 BENTLY ST | |
| City-St-Zip: | SARASOTA, FL 34239 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DEBROSSE PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date