2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768471

FILED Mar 06, 2006 Secretary of State

Entity Name: SARASOTA GULF GATE ROTARY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% RIES & FICARRA, P.A. 4837 SWIFT ROAD, STE. 210 SARASOTA, FL 34231

New Mailing Address: Current Mailing Address:

GULF FATE ROTARY PO BOX 17581 SARASOTA, FL 34276

FEI Number: 59-2307765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIES, MICHAEL R C/O RIES & FICARRA, P.A. 4837 SWIFT RD., STE 210 SARASOTA, FL 34231 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete KILLOREN, VALERIE R Name: 2325 TANGERINE DRIVE Address:

City-St-Zip: SARASOTA, FL 34239

Title: () Delete PORTER, LARRY Name: Address: 2820 SUNNY BROOK City-St-Zip: SARASOTA, FL 34239

Title: () Delete RIES, MICHAEL R Name: 4837 SWIFT RD., #210 Address: City-St-Zip: SARASOTA, FL 34231

Title: DΡ () Delete Name: KRAMER, ROBERT W Address: 8942 HUNTINGTON PT. DR. City-St-Zip: SARASOTA, FL 34238

Title: () Delete

Name:

Address: City-St-Zip:

(X) Change () Addition Name:

RIES, MIKE

Address: 4945 MARSH FIELD RD City-St-Zip: SARASOTA, FL 34235

Title: **ELEC** (X) Change () Addition

Name: MEADOWS, DAVID Address: 2450 BRIDGEWATER LANE City-St-Zip: SARASOTA, FL 34231

Title: (X) Change () Addition

RONINGEN, BRUCE R Name: Address: 5174 LITTLE BROOK CT City-St-Zip: SARASOTA, FL 34238

Title: SECT (X) Change () Addition

Name: ANDERSON, KENT W 4255 MIRIANA WAY Address: City-St-Zip: SARASOTA, FL 34233

Title: () Change (X) Addition

BERKEY, JERE Name:

5420 EAGLES POINT CIRCLE # 106 Address:

City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: JERE A BERKEY CPA **TRES** 03/06/2006