2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 768471

Entity Name: SARASOTA GULF GATE ROTARY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

GULF FATE ROTARY
PO BOX 17581
SARASOTA, FL 34276

New Mailing Address:

GULF GATE 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:

RIES, MICHAEL R
C/O RIES & FICARRA. P.A.
4837 SWIFT RD., STE 210
SARASOTA, FL 34231 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:	PRES	( ) Delete
Name:	SMITH, DANIEL N	
Address:	3038 MDARKRIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34231	
Title:	ELEC	( ) Delete
Name:	BABIGIAN, GEORGE	
Address:	5249 CAPAE LETYE DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VP	( ) Delete
Name:	WILLIAMS, JOHN	
Address:	2833 VALLEY FORGE ST	
City-St-Zip:	SARASOTA, FL 34231	
Title:	SECT	( ) Delete
Name:	ANDERSON, KENT W	
Address:	4255 MIRIANA WAY	
City-St-Zip:	SARASOTA, FL 34233	
Title:	TREA	( ) Delete
Name:	RIES, MICHAEL	
Address:	4945 MARSH FIELD RD	
City-St-Zip:	SARASOTA, FL 34235	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHAEL RIES TREA 04/29/2008

Electronic Signature of Signing Officer or Director — Date