


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 770703	
1. Entity Name THE ROTARY CLUB OF MARCO ISLAND SUNRISE, INCORPORATED	

Principal Place of Business 606 BALD EAGLE DR., SUITE 500 P.O. BOX 1427 MARCO ISLAND, FL 34146 US	Mailing Address 606 BALD EAGLE DR., SUITE 500 P.O. BOX 1427 MARCO ISLAND, FL 34146 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2351799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG
606 BALD EAGLE DR
STE 500, ISLAND TOWER BLDG
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KLEINE, CHRISTOPHER 1655 LUDLOW ROAD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CURRAN, JAMES 590 CLUB MARCO, #201 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BIRKELAND, ROY 201 VINTAGE BAY DRIVE, #27 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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1100000191329
01/24/05-80168-022 61.25

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: Roy Birkeland SELY. 1/12/05 239-642-9122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if