

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-17-2004 90006 009 ****61.25

DOCUMENT # N01000000212 1. Entity Name SARASOTA COUNTY ROWING CLUB, INC.																																																																																																																																																								
Principal Place of Business 347 W. VENICE AVE. VENICE FL 34285			Mailing Address 347 W. VENICE AVE. VENICE FL 34285																																																																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																						
City & State		City & State		4. FEI Number 65-1096968																																																																																																																																																				
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																				
6. Name and Address of Current Registered Agent HEITEL, KENNETH L 347 W. VENICE AVE. VENICE FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																				
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.				Applied For ☐ Not Applicable																																																																																																																																																				
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE _____																																																																																																																																																				
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HEITEL, KENNETH L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1318 ROBERTS BAY LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DAY, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3913 HAMILTON CLUB CIR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34242</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GIANNINI, RAYMOND R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4787 COUNTRY MARNOR DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MCKIBBEN, JEFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1010 KNOLLWOOD CIR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WAUCHULA FL 33873</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>YEOMANS, GARY T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3327 KEY AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34239</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>TREASURER/DIRECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DAVID R. KEFFER</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>616 WILD PINE WAY</td> <td></td> </tr> <tr> <td></td> <td>VENICE FL 34292</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	HEITEL, KENNETH L		STREET ADDRESS	1318 ROBERTS BAY LANE		CITY - ST - ZIP	SARASOTA FL 34242		TITLE	D	☐ Delete	NAME	DAY, MIKE		STREET ADDRESS	3913 HAMILTON CLUB CIR.		CITY - ST - ZIP	SARASOTA FL 34242		TITLE	D	☐ Delete	NAME	GIANNINI, RAYMOND R		STREET ADDRESS	4787 COUNTRY MARNOR DR.		CITY - ST - ZIP	SARASOTA FL 34238		TITLE	D	☐ Delete	NAME	MCKIBBEN, JEFF		STREET ADDRESS	1010 KNOLLWOOD CIR.		CITY - ST - ZIP	WAUCHULA FL 33873		TITLE	D	☒ Delete	NAME	YEOMANS, GARY T		STREET ADDRESS	3327 KEY AVE.		CITY - ST - ZIP	SARASOTA FL 34239		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☒ Addition	NAME	TREASURER/DIRECTOR		STREET ADDRESS	DAVID R. KEFFER		CITY - ST - ZIP	616 WILD PINE WAY			VENICE FL 34292		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>David R. Keffer</u> <u>David R. Keffer, Treas.</u> <u>2/10/04</u> <u>941-493-0684</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																								

X Kenneth L. Heitel KENNETH L. HEITEL, DIRECTOR 2/24/04 941-4882720