

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000212

FILED
Mar 22, 2008
Secretary of State

Entity Name: SARASOTA COUNTY ROWING CLUB, INC.

Current Principal Place of Business:

800 BLACKBURN POINT RD
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 184
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1096968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYFIELD, BEVERLY
632 GOLDEN GATE PT
SARASOTA, FL 34236 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: BUSHELL, RICHARD
Address: 740 SUFFOLK CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: GORENSTEIN, RALPH
Address: 22 SANDY COVE RD #301
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: RAYFIELD, BEVERLY
Address: 632 GOLDEN GATE PT
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: MULLIGAN, PIA
Address: 1498 LANDINGS LAKE DR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: GALLIE, BEVERLY
Address: 7950 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: CHADSEY, MARY
Address: 8339 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

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:

Title: D (X) Change () Addition
Name: RALYA, CHERYL
Address: 7451 BOTANICA PARKWAY
City-St-Zip: SARASOTA, FL 34238

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: /PIA MULLIGAN/

T

03/22/2008

Electronic Signature of Signing Officer or Director

Date