2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Sep 30, 2004 8:00 am Secretary of State

05-03-2004 91236 034 ****61.25

DOCUMENT # N03000001142 ROTARY CLUB BOCA RATON SUNSET FOUNDATION, Principal Place of Business Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 412 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432 BOCA RATON, FL 33432 96434294 Mailing Address 07012004 CR2E037 (10/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432 8. The above named entity submits this statement for the purpose of changing its registered office or registere agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Filing Feé is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME LAINE, STEVEN NAME 500 SOUTH OCEAN BLVD. #904 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI E Addition PERMAN, STEVEN M NAME NAME STREET ADDRESS 20401 STATE RD. 7 #G-10 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE ☐ Delete TITI F noitinha LUSTIG, PHIL III NAME NAME STREET ADDRESS 9937 MAJORCA PLACE STREET ADDRESS CHY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-7IP TITLE Delete TITLE Addition

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 trusted employment 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 applyings, with all other like explosivered.

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

STREET ADORESS

STREET ADDRESS

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CITY-ST-ZIP

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Addition

Addition