FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14500** **(5)**

1. Corporation Name
ROTARY CLUB OF BOCA RATON SUNRISE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM SCHNABEL 901 MCCLEARY ST. DELRAY BEACH FL 33483	C/O WILLIAM SCHNABEL 901 MCCLEARY ST. DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2668776 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNABEL, WILLIAM W. 901 MCCLEARY STREET DELRAY BEACH FL 33483	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~S~~	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	~~BECK, MATTHEW B~~	1.2 NAME	PETER ZWICKAU	
STREET ADDRESS	~~4325 NW 24TH TERR~~	1.3 STREET ADDRESS	7131 MONTRICO DR.	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	~~D~~	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~ZEITZ, PATRICK~~	2.2 NAME	JEFFREY C. BRASOR	
STREET ADDRESS	~~5141 BEECHWOOD~~ RD.	2.3 STREET ADDRESS	7365 N.W. 68th WAY	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	2.4 CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	~~P~~	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~GALLO, JOHN~~	3.2 NAME	MARC B. KLEIN	
STREET ADDRESS	~~20970 GONETO DR.~~	3.3 STREET ADDRESS	6349 HOLLANDAIRE DR. EAST	
CITY-ST-ZIP	~~BOCA RATON FL~~	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MACFARLAND, RICHARD	4.2 NAME		
STREET ADDRESS	2883 BANYAN BLVD. CIR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~MACGLICK, BOB~~	5.2 NAME	PETER P. STEC	
STREET ADDRESS	~~9720 CAROUSEL CIRCLE~~ S.	5.3 STREET ADDRESS	1 N.W. 25th ST.	
CITY-ST-ZIP	~~BOCA RATON FL~~	5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHNABEL, BILL	6.2 NAME		
STREET ADDRESS	901 MCCLEARY STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ WILLIAM W. SCHNABEL 4/24/95 407-789-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

900181810