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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N14500 (5)

1. Corporation Name

ROTARY CLUB OF BOCA RATON SUNRISE, INC.

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 33483-4966

3. Date Incorporated or Qualified
04/22/1986

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2668776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ ☒ DELETE
NAME ALMAN, STEVEN
STREET ADDRESS 3936 N.W. 25TH WAY
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE SECRETARY ☒ Change ☐ Addition
1.2 NAME DIANTHA GRANT
1.3 STREET ADDRESS 5188 TENNIS LANE
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VP ☐ DELETE
NAME BRASOR, JEFFREY C
STREET ADDRESS 7365 N.W. 68TH WAY
CITY-ST-ZIP PARKLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~D~~ ☒ DELETE
NAME DOYAL G. THOMAS
STREET ADDRESS 21859 CROMWELL CIRCLE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE DIRECTOR ☒ Change ☐ Addition
3.2 NAME KEN HIRSCH
3.3 STREET ADDRESS 7078 SAN SALVADOR
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ~~D~~ ☐ DELETE
NAME STAUB, ADAM B.
STREET ADDRESS 6037 OLD COURT ROAD SUITE 902
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME STEC, PETER P
STREET ADDRESS 1 N.E. 25TH ST
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SCHNABEL, BILL
STREET ADDRESS 901 MCCLEARY STREET
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044811

CR2E037 (9/96)