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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14500

1. Corporation Name

| ROTARY CLUB OF BOCA RATON SUNRISE, INC. | | | | | 1 (1881) | | |
|---|--|---|-----------------------|----------------|--|----------|--|
| Principal Plac | ce of Business | Mailing Address | | | | | |
| C/O WILLIAM 901 MCCLEAR DELRAY BEAC | NY ST. | C/O WILLIAM SCHNABEL 901 MCCLEARY ST. DELRAY BEACH FL 33483 | | | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | 3. Date incorporated or Qualifed | | |
| 21 | | 26 | | | 04/22/1986 | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number Applied | For | |
| 22 | | 27 | | | 59-2668776 Not Appl | | |
| City & State | | City & State | City & State | | 5. Certificate of Status Desired | | |
| Zip | Country | Zip | Country | у | 6. Election Campaign Financing \$5.00 May l | Зе | |
| 24 | 25 | 29 3 | 0 | | Trust Fund Contribution Added to Fee | s | |
| | 9. Name and Address of Curr | ent Registered Agent | 81 | Name | 10. Name and Address of New Registered Agent | | |
| SCHNABEL, WILLIAM W. 901 MCCLEARY STREET DELRAY BEACH FL 33483 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such charlog was authoriz agent. I am familiar with, and accept the poligations of, Section 617.1508, Florida Statutes. | | | 83 84 the above | City | Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code I corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as register | tered | |
| agent. I a | IIII | in defer | | | 7/28/90 | _ · | |
| 12. | Signature, typed or printed name of registered | AND DIRECTORS | 13. | nt signature n | required when rehistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 112 | |
| TITLE | OFFICERS | DELETE | 1,1 TITLE | | | 'Additio | |
| NAME | GRANT, DIANTHA | ~ | 1.2 NAME | | | | |
| STREET ADORESS | | | 1.3 STREE | ET ADDRESS | 1794 WODT KOYM IN TOUCE | | |
| 1 | CITY-ST-ZIP DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | | BOCA RATON, PL 33486 | | |
| TITLE | De / | DELETE | 2.1 TITLE | | DIRECTOR SECY Change | Additio | |
| NAME | BRASOR, JEFFREY C | , . | 2.2 NAME | | BLUM DEBRIE | | |
| STREET ADDRESS | L X'144 | | 2.3 STREE | TADDRESS | 1227 TIBURON CIRCLE | * | |
| CITY-ST-ZIP | PARKLAND FL | | 2. 4 CITY- | ST- ZIP | BOCA ROTON PL 33433 | | |
| TITLE | D | DELETE | 3.1 TITLE | | | Additio | |
| NAME | HIRSCH, KEN | | 3.2 NAME | | Pallian ED | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | 2915 SW 22 TO AUS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4. CITY- | ST-ZIP | DORAY BEACH FL 33445 | | |

DELRAY BEACH FL CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and occurate 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 regeiver 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 areaching it with an address furthall other like empowered.

41TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DIRBERTOL

HIRSCH

oca

PILBUON

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRES

CITY-ST-ZIP

BURKART, SANDY

KAMMERER, JOHN

SCHNABEL, BILL

STREET ADDRESS 901 MCCLEARY STREET

TD /

2841 BANYAN BLVD CIR

BOCA RATON FL 33431

21395 SWEETWATER LANE

BOCA/RATON FL 33428

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□ DELETE

QUIREDILIAN W. SCHWABEL

SHIRLDA

KATON, FL

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May 03, 1999 8:00 am § Secretary of State

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