

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-05-2007 90059 046 ****61.75

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DES

DOCUMENT # N29830 1. Entity Name ROTARY CLUB OF SARASOTA SUNSET INC.					
Principal Place of Business 3417 FAIRVIEW DR SARASOTA, FL 34239		Mailing Address 3417 FAIRVIEW DR SARASOTA, FL 34239			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0120936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLET, REMLE C 3417 FAIRVIEW DR SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANITCH, STEVEN 6284 AVENTURA DR. SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPP, LAURIE 7456 BLAINE WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILLERY, JUDITH 1109 SCHERER WAY OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLET, REMLE 3417 FAIRVIEW DR SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPP, LAURIE 7456 BLAINE WAY SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONGERICH, RAY 29215 SADDLEBAG TR MYACCA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, GAIL 852 HUDSON AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: <u><i>Remle C. Willett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Document corrected per Remle Willett. *DES*