


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

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N48677 1. Entity Name KIWANIS CLUB OF SARASOTA SUNRISE FOUNDATION, INC.	
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Principal Place of Business 5928 21ST ST E BRADENTON, FL 34203 US	Mailing Address PO BOX 78 ONECO, FL 34264-0078 US
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02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0343172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ANDERSON, MARK M 5928 21ST ST E BRADENTON, FL 34203
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MARK 1800 STANFORD LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRANE, DAVE 4070 WESTBOURNE CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODFELLOW, LYNN 5110 NORTHRIDGE RD APT 307 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80173-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered 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 an address, with all other like empowered.

SIGNATURE: Mark M. Anderson 3/6/4 941-755-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #