


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N48677 1. Entity Name KIWANIS CLUB OF SARASOTA SUNRISE FOUNDATION, INC.		
Principal Place of Business 5928 21ST ST E BRADENTON, FL 34203 US		Mailing Address PO BOX 78 ONECO, FL 34264-0078 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, MARK M 5928 21ST ST E BRADENTON, FL 34203		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 _____ (NOTE: Registered Agent signature required when renouncing) <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000854247 03/26/08-80100-021 61.25
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	ANDERSON, MARK	
STREET ADDRESS	1617 STANFORDS LANE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	YD	
NAME	DELGADO, BARBARA	
STREET ADDRESS	2120 CRAFT LANE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	STD	
NAME	BOOTH, JACQUELINE	
STREET ADDRESS	6821 CORRAL CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Mark M. Anderson</u> 3/5/8 941-755-5244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		