2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2004
Secretary of State

DOCUMENT# N94000000626

Entity Name: THE ROTARY GIFT OF LIFE OF FLORIDA, INC.

Current Principal Place of Business:

3035 BAYSHORE ROAD
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

3035 BAYSHORE ROAD
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 65-0488800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANG, KLAUS
3035 BAYSHORE ROAD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHAMES, ABE	
Address:	100 SANDS POINT DR.	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	AURICCHIO, LOUIS	
Address:	8659 WOODBRIAR DRIVE	
City-St-Zip:	SARASOTA, FL 34238	
Title:	D	( ) Delete
Name:	FIORE, EMILIO	
Address:	6995 COUNTRY LAKE CR.	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	MINOUI, MARK	
Address:	1172 KITTIWAKE CR..	
City-St-Zip:	SANIBEL, FL	
Title:	T	( ) Delete
Name:	LANG, KLAUS	
Address:	3035 BAYSHORE ROAD	
City-St-Zip:	SARASOTA, FL 34234	
Title:	P	( ) Delete
Name:	BUCKLEY, BILL	
Address:	5757 GULF OF MEXICO DR.	
City-St-Zip:	LONGBOAT KEY, FL 34228	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLAUS LANG T 07/05/2004

Electronic Signature of Signing Officer or Director — Date