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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90132 003 ****61.25

DOCUMENT # N94000000626

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

Principal Place of Business	Mailing Address
3035 BAYSHORE ROAD SARASOTA, FL 34234 US	3035 BAYSHORE ROAD SARASOTA, FL 34234 US

DO NOT WRITE IN THIS SPACE

04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0488800
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, KLAUS
3035 BAYSHORE ROAD
SARASOTA, FL 34234

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAMES, ABE
STREET ADDRESS	100 SANDS POINT DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	AURICCHIO, LOUIS
STREET ADDRESS	8659 WOODBRIAR DRIVE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	FIORE, EMILIO
STREET ADDRESS	6995 COUNTRY LAKE CR.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	MINOUI, MARK
STREET ADDRESS	1172 KITTIWAKE CR..
CITY-ST-ZIP	SANIBEL, FL
TITLE	T
NAME	LANG, KLAUS
STREET ADDRESS	3035 BAYSHORE ROAD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	P
NAME	BUCKLEY, BILL
STREET ADDRESS	5757 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

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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: _____ 4-21-05 (94)351-2396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #