

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003425 (5)

1. Corporation Name

THE ROTARY CLUB OF SARASOTA, A.M., INC.

FILED
Sep 23 1998 8:00am³
Secretary of State



Principal Place of Business

Mailing Address

3737 BAHIA VISTA, STE. 11
SARASOTA FL 34232
US

3737 BAHIA VISTA
STE. 11
SARASOTA FL 34232
US

3. Date Incorporated or Qualified

07/07/1994

4. FEI Number

36-3980994

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, GAIL
3737 BAHIA VISTA
STE. 11
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name Geraci, Larry
82 Street Address (P.O. Box Number is Not Acceptable) 4131 MARSEILLES AVE.
83
84 City Sarasota FL 85 Zip Code 34233

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/28/98
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | TS | <input checked="" type="checkbox"/> DELETE |
| NAME | RANCOURT, MICHAEL | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | RANCOURT, DAVE | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SNYDER, DONALD H JR | |
| STREET ADDRESS | 5603 26TH STREET WEST | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, GAIL | |
| STREET ADDRESS | 3737 BAHIA VISTA, SUITE 11 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | VSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Geraci, Larry | |
| 1.3 STREET ADDRESS | 4131 MARSEILLES AVE. | |
| 1.4 CITY-ST-ZIP | Sarasota, FL 34233 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Snyder, Donald H. Jr. | |
| 3.3 STREET ADDRESS | 5603 26th St W | |
| 3.4 CITY-ST-ZIP | Bradenton, FL 34207 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/98

Date

941-755-7233

Daytime Phone #

CR2E037 (5/98)