


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 024 ****61.25

DOCUMENT # N94000003425	
1. Entity Name THE ROTARY CLUB OF SARASOTA, A.M., INC.	

Principal Place of Business 2790 MOSS OAK DR. SARASOTA, FL 34231 US	Mailing Address 2790 MOSS OAK DR. SARASOTA, FL 34231 US
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05162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-3980994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERACI, LARRY
2790 MOSS OAK DRIVE
SARASOTA, FL 34231

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERACI, LARRY 4131 MARSEILLES AVE. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMPTON, JOHN 1819 MAIN STREET STE 610 SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYMAN, ANDREW 7308 MAUNA LOA BLVD. SARASOTA, FL 34241
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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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 persons empowered.

SIGNATURE:  5-16-05 941-378-0891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #