

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # N94000003495

1. Entity Name  
MARCO ISLAND SUNRISE ROTARY CLUB FOUNDATION,  
INC.



Principal Place of Business  
% JOHN A. NOLD  
995 N. COLLIER BLVD.  
MARCO ISLAND, FL 33937

Mailing Address  
% JOHN A. NOLD  
995 N. COLLIER BLVD.  
MARCO ISLAND, FL 33937



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0520936 Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOLD, JOHN A  
995 N. COLLIER BLVD.  
MARCO ISLAND, FL 33937

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 reinstating) DATE: \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	TD NOLD, JOHN A 995 N. COLLIER BLVD. MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEY, JOHN 910 OLIVE COURT MARCO ISLAND, FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUSZ, ANNA 1378 N. COLLIER BLVD MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARA, CHERYL 579 ELKCAM CIRCLE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRANGE, JIM 155 HOLLYHOCK COURT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000362991  
05/05/05-80140-017 61.25

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: John A. Nold Pusz 1-26-05 1-239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #