

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003495

FILED
May 01, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O SCHENK & ASSOCIATES, PLC
995 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 1427
MARCO ISLAND, FL 34146 US

FEI Number: 65-0520936 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHENK & ASSOCIATES, PLC
995 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 US

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: MAXIMILIAN J. SCHENK, ESQ.

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NOLD, JOHN A
Address: 995 N. COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL

Title: D () Delete
Name: KENNEY, JOHN
Address: 910 OLIVE COURT
City-St-Zip: MARCO ISLAND, FL 33937

Title: D (X) Delete
Name: PUSZ, ANNA
Address: 1378 N. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL

Title: PD (X) Delete
Name: FERRARA, CHERYL
Address: 579 ELKCAM CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD (X) Delete
Name: PRANGE, JIM
Address: 155 HOLLYHOCK COURT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P T (X) Change () Addition
Name: KLINE, MARY ANN
Address: 820 WILLOW COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: S (X) Change () Addition
Name: FERRARA, CHERYL S
Address: 880 HURON COURT
City-St-Zip: MARCO ISLAND, FL 34145

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 exemption stated in Chapter 119, 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: MARY ANN KLINE

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date