

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005579

FILED
Mar 27, 2009
Secretary of State

Entity Name: SUNRISE ROTARY FOUNDATION OF KEY WEST, INC.

Current Principal Place of Business:

3706-H NO. ROOSEVELT BLVD.
KEY WEST, FL 33040

New Principal Place of Business:

3930 SOUTH ROOSEVELT BLVD, N-407
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 2354
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 31-1567369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, DOUGLAS
3706-H NO. ROOSEVELT BLVD.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVE RD
City-St-Zip: KEY WEST, FL 33040

Title: ST () Delete
Name: MORGAN, DOUGLAS
Address: 3706-H NO. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: RZAD, STANLEY T
Address: PO BOX 776
City-St-Zip: KEY WEST, FL 33041

Title: T () Delete
Name: SMITH, JAMES
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: HENSON, STEVE
Address: 1415 ATLANTIC AVE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVEN RD
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: CALHOUN, BOB
Address: 30320 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SMITH, JAMES
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: HENSON, STEVE
Address: 1415 ATLANTIC AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Change (X) Addition
Name: SANDERS, JERRY
Address: 604 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

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: STANLEY T. RZAD

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date