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

APPROVED AND FILED
98 NOV -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007707

DOCUMENT # N97000004667 (8)

1. Corporation Name
ROTARY CLUB OF BOCA RATON SUNRISE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486	5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486

3. Date Incorporated or Qualified: 08/15/1997
4. FEI Number: 65-0780118 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000002684580--0
-11/10/98--01054--030
84 City *****61. FL $5. Zip Code *****61.25

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	Sec	☐ Change ☑ Addition
NAME	GALLO, JOHN		1.2 NAME	Ed Rowan	
STREET ADDRESS	20807 SONETO DRIVE		1.3 STREET ADDRESS	100 N.E. 3rd Ave	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33301	
TITLE	D	☑ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	SCHNABEL, WILLIAM W		2.2 NAME	STEVE Alman	
STREET ADDRESS	901 MCCLEARY STREET		2.3 STREET ADDRESS	7820 Glades Rd. Ste 250	
CITY-ST-ZIP	DELRAY BEACH FL 33486		2.4 CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	☑ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	MAGULICK, ROBERT J		3.2 NAME	Debbie Blum	
STREET ADDRESS	9720 CAROUSEL CIRCLE S.		3.3 STREET ADDRESS	1515 S. Federal Highway	
CITY-ST-ZIP	BOCA RATON FL 33434		3.4 CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	☑ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	MACFARLAND, RICHARD B		4.2 NAME	Scott Glowitz	
STREET ADDRESS	7777 GLADES ROAD, SUITE 300		4.3 STREET ADDRESS	777 Glades Road	
CITY-ST-ZIP	BOCA RATON FL 33434		4.4 CITY-ST-ZIP	Boca Raton FL. 33431	
TITLE	P	☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	John Kammerer		5.2 NAME	Ken Hirsh	
STREET ADDRESS	7280 W. Palmetto Park Rd.		5.3 STREET ADDRESS	7078 San Salvador	
CITY-ST-ZIP	Boca Raton FL. 33433		5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Tim Sharp, V.P	☐ DELETE	6.1 TITLE	Director	☐ Change ☑ Addition
NAME			6.2 NAME	Barry Morris	
STREET ADDRESS	800 Fairway Drive		6.3 STREET ADDRESS	120 East Palmetto Park Rd.	
CITY-ST-ZIP	Deerfield Beach, FL 33441		6.4 CITY-ST-ZIP	Boca Raton, FL. 33432	

CR2E037 (5/98)

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: [illegible] 9/16/98 561-417-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #