2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N97000004667

Entity Name: ROTARY CLUB OF BOCA RATON SUNRISE FOUNDATION, INC.

Current Principal Place of Business:

C/O W. SCHNABEL
901 MCLEARY STREET
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

C/O W. SCHNABEL
901 MCLEARY STREET
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0780118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNABEL, W.
901 MCCLEARY STREET
DELRAY BEACH, FL 33483 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: D ( ) Delete
Name: KATZ, EILEEN
Address: 8555 EAGLE RUN DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: MORDIS, BARRY
Address: 2623 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete
Name: HIRSCH, SHIREY
Address: 7078 SAN SALVADOR
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete
Name: SCHNABEL, W.
Address: 901 MCCLEARY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: BARBIERI, FRANK
Address: 21026 SHADY VISTA LANE
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: ALMAN, STEVE
Address: 2362 NW 49TH LN.
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KATZ, EILEEN
Address: 8555 EAGLE RUN DRIVE
City-St-Zip: BOCA RATON, FL 33434

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

Title: D (X) Change ( ) Addition
Name: HIRSCH, SHIREY
Address: 7078 SAN SALVADOR
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Change ( ) Addition
Name: SCHNABEL, W.
Address: 901 MCCLEARY STREET
City-St-Zip: DELRAY BEACH, FL 33483

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 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: WILLIAM W. SCHNABEL T 04/27/2006
Electronic Signature of Signing Officer or Director — Date