2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2023
Secretary of State
4689037490CC

DOCUMENT# N21000003959

Entity Name: ROTARY CLUB OF ST. AUGUSTINE SUNSET, INC.

Current Principal Place of Business:

529 LAKEWAY DRIVE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

529 LAKEWAY DRIVE
ST. AUGUSTINE, FL 32080 US

FEI Number: 86-3192684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONG, JANICE
529 LAKEWAY DRIVE
ST. AUGUSTINE, FL 32080 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: JANICE LONG 02/14/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	ATWELL, KAREN
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DT
Name	LONG, JANICE
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	MULFORD, KEN
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DEACON
Name	SCHULTZE, ELLICIA
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DVP
Name	TAILIAFERRO, JEANI
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DP
Name	MCCLURE, BILL
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DS
Name	BERGBOM, MELINDA
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	GACHET, PEGGY
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

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I hereby 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 all other like empowered.

SIGNATURE: JANICE J LONG TREASURER 02/14/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MUELLER, KATHIE
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080