

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	P
Name	SILVA, LILI
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

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

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

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

Title	D
Name	ELIA, MADELYN
Address	529 LAKEWAY DRIVE
City-State-Zip:	ST.AGUSTINE FL 32080

Title	DT
Name	LONG, JANICE
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

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 LONG**TREASURER****02/16/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date