

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2004
Secretary of State**

DOCUMENT# 704845

Entity Name: SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Current Principal Place of Business:

New Principal Place of Business:

4336 KINGSTON LOOP
SARASOTA, FL 34238 US

Current Mailing Address:

New Mailing Address:

4336 KINGSTON LOOP
SARASOTA, FL 34238 US

FEI Number: 59-6200847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHUYLER, DORIS
4336 KINGSTON LOOP
SARASOTA, FL 34238 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, MARIE
Address: 1604 STARLING DRIVE
City-St-Zip: SARASOTA, FL 34231

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

Title: VP () Delete
Name: VAJDA, LAURA
Address: 4822 OCEAN BLVD #2D
City-St-Zip: SARASOTA, FL 34242

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

Title: S () Delete
Name: WOLLHEIM, C J
Address: 817 IDLEWILD WAY
City-St-Zip: SARASOTA, FL

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

Title: T () Delete
Name: CHERNOFF, LOIS
Address: 2029 WILSHIRE DRIVE
City-St-Zip: SARASOTA, FL 34238

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

Title: D () Delete
Name: SCHUYLER, DORIS
Address: 4336 KINGSTON LOOP
City-St-Zip: SARASOTA, FL 34238

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

Title: D () Delete
Name: GOODMAN, LEE
Address: 1519 BLUE HERON DRIVE
City-St-Zip: SARASOTA, FL 34238

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 Section 119.07(3)(i), 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: DORIS SCHUYLER

MS.

10/19/2004

Electronic Signature of Signing Officer or Director

_____ Date