

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704845

FILED
Jun 29, 2005
Secretary of State

Entity Name: SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Current Principal Place of Business:

4336 KINGSTON LOOP
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

4336 KINGSTON LOOP
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 59-6200847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHUYLER, DORIS
4336 KINGSTON LOOP
SARASOTA, FL 34238 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: P () Delete
Name: BROWN, MARIE
Address: 1604 STARLING DRIVE
City-St-Zip: SARASOTA, FL 34231

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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

_____ Electronic Signature of Signing Officer or Director

DIR.

06/29/2005

_____ Date