

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 028 ****61.25



DOCUMENT # 704845
1. Entity Name
SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Principal Place of Business
**4336 KINGSTON LOOP
SARASOTA FL 34238
US**

Mailing Address
**4336 KINGSTON LOOP
SARASOTA FL 34238
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-6200847

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**SCHUYLER, DORIS
4336 KINGSTON LOOP
SARASOTA FL 34238**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, MARIE 1604 STARLING DRIVE SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VAJDA, LAURA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4822 OCEAN BLVD. #2D SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAJDA, LAURA WOLLHEIM, C J 817 IDLEWILD WAY SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. MARCUN, NORMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4822 OCEAN BLVD - #7F SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHERNOFF, LOIS 2029 WILSHIRE DRIVE SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUYLER, DORIS 4336 KINGSTON LOOP SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, LEE 1519 BLUE HERON DRIVE SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois F. Chernoff* **LOIS F. CHERNOFF 3-31-06 (941) 924-0951**