FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:59

DOCUMENT # 707544 (3)

1. Corporation Name
SARASOTA WELFARE HOME, INC.

Principal Place of Business	Mailing Address
1501 NORTH ORANGE AVE. SARASOTA FL 34236	1501 NORTH ORANGE AVE. SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1964
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-0700567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CULLERS,G NORWOOD
1501 N. ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Bruce A. Colby
82 Street Address (P.O. Box Number is Not Acceptable): 1501 N. Orange Avenue
83
84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bruce A. Colby, President/Administrator
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		XX Change ☐ Addition
NAME	GLAZENER, BRUCE	1.2 NAME		
STREET ADDRESS	3325 SPRINGMILL CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34239	
TITLE	VCD	2.1 TITLE		XX Change ☐ Addition
NAME	ROSWELL, ROUND E.	2.2 NAME		
STREET ADDRESS	335 BOB WHITE WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34236	
TITLE	TD	3.1 TITLE		XX Change ☐ Addition
NAME	BOYETTE, JAMES E.	3.2 NAME		
STREET ADDRESS	5103 N TUTTLE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	34234	
TITLE	SD	4.1 TITLE		XX Change ☐ Addition
NAME	BOYER, CATHERINE	4.2 NAME		
STREET ADDRESS	4004 BROOKSIDE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	34231	
TITLE	VP	5.1 TITLE	President	XX Change ☐ Addition
NAME	COLBY, BRUCE A.	5.2 NAME		
STREET ADDRESS	8417 PALM LAKES COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	34243	
TITLE	P	6.1 TITLE	VP	XX Change ☐ Addition
NAME	CULLERS, G. NORWOOD	6.2 NAME	Satin, Bernard	
STREET ADDRESS	1501 N. ORANGE AVE.	6.3 STREET ADDRESS	5300 Ocean Blvd, #404	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, Florida 34242	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce A. Colby, President/Administrator 1-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(813) 365-0250
Daytime Phone #

0016505