

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90110 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744767

1. Corporation Name
VOITURE LOCAL 797 SARASOTA COUNTY, INC.

Principal Place of Business 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631	Mailing Address 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/31/1978
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-6151284
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARLATT, EDWARD J. 6926 ROSLYN COURT NORTHPORT FL 34287		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH BREEDEN	1.2 NAME	
STREET ADDRESS	217 HIGH POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METLER, FRED B	2.2 NAME	
STREET ADDRESS	2992 SUNSET BCH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEY, RICHARD	3.2 NAME	
STREET ADDRESS	1000 GONDOLA DRIVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEWER, JOHN	4.2 NAME	
STREET ADDRESS	517 NEPONSIT DR S	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, FRANK	5.2 NAME	D GARY DOUGLASS
STREET ADDRESS	8696 CULEBRA AVENUE	5.3 STREET ADDRESS	531 SHERIDAN DR
CITY-ST-ZIP	NORTH PORT FL 34287	5.4 CITY-ST-ZIP	VENICE FL. 34292
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, RAYMOND D.	6.2 NAME	T EDGAR BOARDMAN
STREET ADDRESS	421 LAKE OF THE WOODS DRIVE	6.3 STREET ADDRESS	364 MONET PL
CITY-ST-ZIP	VENICE FL 34293	6.4 CITY-ST-ZIP	NOKOMIS FL 34275

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE OF RALPH BREEDEN Jan 8, 1999 941-966-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)