

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 762267 (3)
1. Corporation Name
SARASOTA BRADENTON VENICE ADVERTISING FEDERATION
INC.

Principal Place of Business Mailing Address
4426 MEADOW CREEK CIRCLE 4426 MEADOW CREEK CIRCLE
P. O. 49843 P. O. 49843
SARASOTA FL 34230 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1982 3a. Date of Last Report 04/28/1994
4. FEI Number 59-2412389 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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. 190.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 4070 WESTBURN CIR 26 PO BOX 49843
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 SARASOTA FL 28 SARASOTA FL
Zip Country Zip Country
24 34238 25 29 34230 30

9. Name and Address of Current Registered Agent

HUIE, W. GRADY
2201 RINGLING BLVD.
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

(Signature typed or printed name of registered agent and this office only)

(If FEI, Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME ADAMEC, DONALD
STREET ADDRESS 47 S. PALM AVE, STE 301
CITY ST ZIP SARASOTA FL
TITLE V
NAME MCCULLEY, MARY
STREET ADDRESS 1234 2ND ST.
CITY ST ZIP SARASOTA FL
TITLE T
NAME TORKELSON, MEREDITH
STREET ADDRESS 1001 34D AVE. W. #320
CITY ST ZIP BRADENTON FL 34205
TITLE D
NAME GILLET NAIRN
STREET ADDRESS 2065 CANTU CT
CITY ST ZIP SARASOTA FL
TITLE D
NAME GENTILE, PETER
STREET ADDRESS 3027 ROSE ST.
CITY ST ZIP SARASOTA FL 34239
TITLE D
NAME WILSON-DEWITT CHERYL
STREET ADDRESS 1715 INDEPENDENCE BLVD B8
CITY ST ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition
12 NAME TITLE
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE D ☒ Change ☐ Addition
22 NAME TITLE
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE S ☒ Change ☐ Addition
32 NAME TITLE
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE P ☒ Change ☐ Addition
42 NAME TITLE
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE T ☒ Change ☐ Addition
52 NAME TITLE
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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)(b), 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:

Peter M. Gentile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER M. GENTILE

4/30/95

813 922.5331