

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 26 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **762267** (3)

1. Corporation Name

**SARASOTA BRADENTON VENICE ADVERTISING FEDERATION, INC.**

Principal Place of Business

Mailing Address

**4070 WESTBOURNE CIR  
SARASOTA FL 34238  
US**

**PO BOX 49643  
SARASOTA FL 34230-6843  
US**



3. Date Incorporated or Qualified **03/03/1982** 3a. Date of Last Report **07/09/1996**

|                                |  |                     |  |                                                                                                                                                  |  |                                         |  |
|--------------------------------|--|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number <b>59-2412389</b>                                                                                                                  |  | Applied For                             |  |
| 21                             |  | 26                  |  |                                                                                                                                                  |  | <input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        |  | <b>\$8.75</b> Additional Fee Required   |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  |  | <b>\$5.00</b> May Be Added to Fees      |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                         |  |
| 23                             |  | 28                  |  |                                                                                                                                                  |  |                                         |  |
| Zip                            |  | Country             |  | Zip                                                                                                                                              |  | Country                                 |  |
| 24                             |  | 25                  |  | 29                                                                                                                                               |  | 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997 |                                                                                       |
|----------------------------|-----------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                               | <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SMITH, STEVE</b>                                 | 1.2 NAME                                                | <b>SCHETTINO, CARMEN</b>                                                              |
| STREET ADDRESS             | <b>1221 FIRST STREET</b>                            | 1.3 STREET ADDRESS                                      | <b>5638 COUNTRY LAKES DR.</b>                                                         |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  | 1.4 CITY-ST-ZIP                                         | <b>SARASOTA FL 34243</b>                                                              |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 2.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>CAMPBELL, ED</b>                                 | 2.2 NAME                                                |                                                                                       |
| STREET ADDRESS             | <b>1501 LAURELL STREET</b>                          | 2.3 STREET ADDRESS                                      |                                                                                       |
| CITY-ST-ZIP                | <b>SARASOTA FL 34236</b>                            | 2.4 CITY-ST-ZIP                                         |                                                                                       |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>CRANE, DAVID</b>                                 | 3.2 NAME                                                |                                                                                       |
| STREET ADDRESS             | <b>4070 WESTBOURNE CIRCLE</b>                       | 3.3 STREET ADDRESS                                      |                                                                                       |
| CITY-ST-ZIP                | <b>SARASOTA FL 34238</b>                            | 3.4 CITY-ST-ZIP                                         |                                                                                       |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                               | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>EGAN, JUDY</b>                                   | 4.2 NAME                                                | <b>DANIELE, CHRISTINE</b>                                                             |
| STREET ADDRESS             | <b>3729 SPAINWOOD DRIVE</b>                         | 4.3 STREET ADDRESS                                      | <b>4278 SOUTHWELL WAY</b>                                                             |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  | 4.4 CITY-ST-ZIP                                         | <b>SARASOTA FL 34241</b>                                                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                               | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SPEAR, SCOTT</b>                                 | 5.2 NAME                                                | <b>BELL, DEBBIE</b>                                                                   |
| STREET ADDRESS             | <b>503 COLUMBIA DRIVE</b>                           | 5.3 STREET ADDRESS                                      | <b>4585 71ST ST. W. #192</b>                                                          |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                                 | 5.4 CITY-ST-ZIP                                         | <b>BRADENTON FL 34210</b>                                                             |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>MARTIN, DON</b>                                  | 6.2 NAME                                                |                                                                                       |
| STREET ADDRESS             | <b>400 SARASOTA QUAY</b>                            | 6.3 STREET ADDRESS                                      |                                                                                       |
| CITY-ST-ZIP                | <b>SARASOTA FL 34236</b>                            | 6.4 CITY-ST-ZIP                                         |                                                                                       |

14. I do 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.

CR2E037 (9/96)