## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007719

Entity Name: SARASOTA CHILDREN'S HOME, INC.

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7597 PALMER GLEN CIRCLE 1670 MAIN STREET SARASOTA, FL 34240 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

7597 PALMER GLEN CIRCLE PO BOX 3465

SARASOTA, FL 34240 SARASOTA, FL 34240

FEI Number: 20-5272475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARVER, BENJAMIN
7597 PALMER GLEN CIRCLE
SARASOTA, FL 34240 US
CARVER, BENJAMIN
4119 KEATS DRIVE
SARASOTA, FL 34241 US

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.

SIGNATURE: BENJAMIN CARVER 09/02/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 HILD, WILLIAM
 Name:

 Address:
 1238 FRASER PINE BLVD.
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

 Name:
 CARVER, BENJAMIN
 Name:
 CARVER, BENJAMIN

 Address:
 7597 PALMER GLEN CIRCLE
 Address:
 4419 KEATS DRIVE

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34241

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CARVER, EVANTHIA
 Name:

 Address:
 7597 PALMER GLEN CIRCLE
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN CARVER VD 09/02/2008