

**FILE NOW: FILING FEE IS \$61.25**

1-3

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07975 (8)**  
 1. Corporation Name  
**SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC**



Principal Place of Business <b>P.O. BOX 1754 SARASOTA FL 34236-3814</b>	Mailing Address <b>P.O. BOX 1754 SARASOTA FL 34236-3814</b>
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3. Date Incorporated or Qualified <b>03/06/1985</b>	3a. Date of Last Report <b>10/20/1995</b>
4. FEI Number <b>59-2551426</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**9. Name and Address of Current Registered Agent**

**BENNETT, DONALD Y.  
1800 SECOND STREET, SUITE 735  
SARASOTA FL 34236**

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOWN, ROBERT M. III	
STREET ADDRESS	149 COCOANUT AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	HOLE, JEFF	
STREET ADDRESS	1527 2ND STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORTON, MARTHA	
STREET ADDRESS	605 HARBOR SHORE DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POSTON, JESSE	
STREET ADDRESS	1648 BAHIA VISTA ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *[Signature]* **4-29-96** 365-7449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

N07975

SARASOTA ALLIANCE FOR HISTORIC PRESERVATION  
BOARD OF DIRECTORS 1996 - 1997

PRESIDENT  
JEFF HOLE  
1527 2ND STREET  
SARASOTA, FLORIDA

VICE PRESIDENT  
DEBRA FLYNT-GARRETT  
2424 YORKSHIRE DRIVE  
SARASOTA, FLORIDA 34231

TREASURER  
JANE KIRSCHNER  
1632 LOMA LINDA STREET  
SARASOTA, FLORIDA 34239

D  
DANIEL DELAHAYE  
4020 ROXANE BLVD.  
SARASOTA, FLORIDA 34235

D  
LORRIE MULDOWNY  
P.O. BOX 7740  
SARASOTA, FLORIDA 34278

D  
MICHELLE A. SCALERA  
THE JOHN & MABLE RINGLING MUSEUM OF ART  
5401 BAYSHORE ROAD  
SARASOTA, FLORIDA 34243

D  
DIANE ARMSTRONG  
2540 UNIVERSITY PKWY  
SARASOTA, FLORIDA 34243

D  
MICHAEL DOOLEY  
DOOLEY & MACK CONSTRUCTION  
1124 BREWER PLACE  
SARASOTA, FLORIDA 32236

D  
CHRIS GALLAGHER  
1723 CHEYENNE STREET  
SARASOTA, FLORIDA 34231

D  
DON HUGES  
P.O. BOX 40052

3-3

D  
KIMBERLY SEWELL  
3504 JAFFA DRIVE  
SARASOTA, FLORIDA 34239