FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N07975

(8)

SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC				
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<u> </u>				
Principal Plac	e of Business	Malling Address		
P.O. BOX 1754 P.O. BOX 1754 SARASOTA FL 34236-3814 SARASOTA FL 34236-3814				3. Date Incorporated or Qualified
				03/06/1985
				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address				59-2551426 Not Applicable Service of Status Decised Service Service Decised Service Service Decised Service Service Decised Service Se
21		26		5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 25 9. Name and Address of Curre	29 Peolstered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	3. Italia dila sadiasa di Calia	III II SIII II II II II II II II II II I	81 Name	IV. Italia and receives of their regretated Agent
BENNETT, DONALD Y.			62 Street A	Address (P.O. Box Number is Not Acceptable)
1800 SECOND STREET, SUITE 735 SARASOTA FL 34238			83	
SAKASU)1A FL 34238		63	
			84 City	El 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes			es, the above-named of	7 Mai
office or r agent. I a	egistered agent, or both, in the Stati im familiar with, and accept the oblic	e of Florida. Such change was a gations of, Section 617.0503, Fk	authorized by the corporida Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE .				
12.	Signature, typed or printed name of registered ag OFFICERS AN	gent and trie if applicable. (NOTI ND DIRECTORS	E: Registered Agent algnature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLYNT-GARRETT, DEBRA		1.2 NAME	
STREET ADDRESS	2424 YORKSHIRE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	Change Addition
NAME	MUDLOWNEY, LORRIE P o box 7740 n/a			MULDOWNEY, LORRIE
STREET ADDRESS City-St-Zip	SARASOTA FL		2.3 STREET ADORESS 2.4 CITY-ST-ZIP	
TITLE	SD	DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME	ARMSTRONG, DIANE		3.2 NAME	
STREET ADDRESS	2540 UNIVERSITY PKY		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	
TITLE	1D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNEY, CAROLYN		4. 2 NAME	
STREET ADDRESS	535 OHIO PL SARASOTA FL		4.3 STREET ADDRESS	
CITY-ST-ZIP	ON NOVIN I'L	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

64 CITY-ST-ZIP

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 suppliemental 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: DEBRO Flored - Bound Debro File - 6 orrett PD 3/18/98 941-955-2151

E037 (10/97)