FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14324 (0)

1. Corporation Name
FOUNDERS CIRCLE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
5122 KESTRAL PKWY S SARASOTA FL 34231 US	5122 KESTRAL PKWY S SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2719585 (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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1351 N. LAKESHORE DR.	26 1351 N LAKESHORE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FLORIDA	City & State 28 SARASOTA, FLORIDA 34231
Zip 24 34231 Country 25 U.S.A.	Zip 29 34231 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

SAVARY, JOHNSON S.
1671 S. DR.
SARASOTA FL 34239

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☐ Change ☒ Addition
NAME	LA FOLLETTE, ALICE	1.2 NAME		
STREET ADDRESS	4887 WINDSOR PK	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34235	
TITLE	PD	2.1 TITLE		☐ Change ☒ Addition
NAME	FEATHERMAN, SUSAN	2.2 NAME		
STREET ADDRESS	5122 KESTRAL PARKWAY SO.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34231	
TITLE	VPD	3.1 TITLE		☐ Change ☒ Addition
NAME	CORKENER, LAURA	3.2 NAME		
STREET ADDRESS	4708 OCEAN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	34242	
TITLE	RSD	4.1 TITLE		☐ Change ☒ Addition
NAME	BRYANT, MILLIE	4.2 NAME		
STREET ADDRESS	1329 N LAKE SHORE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	34231	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEJEUNE, KAREN	5.2 NAME	SARA BAGLEY	
STREET ADDRESS	4653 PINE HARRIER DR	5.3 STREET ADDRESS	1435 CEDAR BAY LANE	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34231	
TITLE	TD	6.1 TITLE		☐ Change ☒ Addition
NAME	HOEFER, KAREN	6.2 NAME		
STREET ADDRESS	1351 N. LAKE SHORE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	34231	

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)(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.

SIGNATURE: Karen L. Hoefer - KAREN L. HOEFER 2-14-95 813-921-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003224