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FILED

Jan 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14324 (0)

1. Corporation Name

FOUNDERS CIRCLE OF SARASOTA, INC.

Principal Place of Business

1351 N. LAKESHORE DR.
SARASOTA FL 34231
US

Mailing Address

1351 N. LAKESHORE DR.
SARASOTA FL 34231-3439
US3. Date Incorporated or Qualified
04/10/19863a. Date of Last Report
03/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2719585

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME LA FOLLETTE, ALICE
STREET ADDRESS 4887 WINDSOR PK
CITY-ST-ZIP SARASOTA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME TOWLER, SUE
STREET ADDRESS 7308 POINT OF ROCKS ROAD
CITY-ST-ZIP SARASOTA FL2.1 TITLE RSD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME STEVENSON, NANCY
STREET ADDRESS 4849 KASTRAL PKWY, N
CITY-ST-ZIP SARASOTA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE RSD ☐ DELETE
NAME THAYER, FLUFF
STREET ADDRESS 1808 CASEY KEY RD
CITY-ST-ZIP MOKOMIA FL4.1 TITLE CSD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME BAGLEY, SARA
STREET ADDRESS 1435 CEDAR BAY LANE
CITY-ST-ZIP SARASOTA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME GRIFFITH, KAREN H.
STREET ADDRESS 1351 N. LAKE SHORE DR.
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ 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 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 Hoefer Griffith* KAREN HOEFER GRIFFITH

1/5/97

941-
921-8151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone * 0060878

CR2E037 (9/96)