2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14324

FILED Apr 14, 2004 Secretary of State

Entity Name: FOUNDERS CIRCLE OF SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business: 2300 MICTAW DR 2300 MIETAW DR. SARASOTA, FL 34239 SARASOTA, FL 34239 US LIS **Current Mailing Address: New Mailing Address:** 2300 MICTAW DR 2300 MIETAW DR SARASOTA, FL 34239 US SARASOTA, FL 34239 US FEI Number: 59-2719585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVARY, JOHNSON S. 1671 S. DR. SARASOTA, FL 34239 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition BLECTA, ANN Name: Name: 664 OAKS CREEK CT. Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: WERFT, SANDY Name: Address: 8004 MIDNIGHT PASS ROAD Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: VPD () Delete Title: () Change () Addition GODDARD, MARY BETH Name: Name: 8912 MISTY CREEK DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: RSD () Delete Title: () Change () Addition Name: WURTS, ROBBIE Name: 3764 SANDSPUR LANE Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: CSD () Delete Title: () Change () Addition SMITH, NAOMI Name: Name: 4968 KESTREE PARK CIR. Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: Title: (X) Change () Addition () Delete HILL. EMILY HILL, EMILY Name: Name: Address: 2300 METAU DR Address: 2300 MIETAWDR SARASOTA, FL 34239 SARASOTA, FL 34239 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILY HILL TREA 04/14/2004