

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14350 (5)
 1. Corporation Name
SARASOTA CONCERT ASSOCIATION, INC.



Principal Place of Business * PLYMOUTH HARBOR INC 700 JOHN RINGLING BLVD SARASOTA FL 34236-1551 US	Mailing Address C/O JOHN W. AMES, PRESIDENT 4556 ASCOT CIRCLE SOUTH SARASOTA FL 34235-3612 US
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3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2850861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent AMES, JOHN W. 4556 ASCOT CIRCLE SOUTH SARASOTA FL 34235		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMES, JOHN W.		1.2 NAME	
STREET ADDRESS 4556 ASCOT CIRCLE SOUTH		1.3 STREET ADDRESS	
CITY - ST - ZIP SARASOTA FL		1.4 CITY - ST - ZIP	34235
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEITHER, MARTHA		2.2 NAME	
STREET ADDRESS 4346 BRYANTS POND LANE		2.3 STREET ADDRESS	
CITY - ST - ZIP SARASOTA FL		2.4 CITY - ST - ZIP	34238
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANE, GEORGE W.		3.2 NAME	SQUIMBY, ROBERT F
STREET ADDRESS 1512 STEWART DRIVE		3.3 STREET ADDRESS	1363 GLENDALE CIRCLE E.
CITY - ST - ZIP SARASOTA FL		3.4 CITY - ST - ZIP	SARASOTA, FL 34232
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERS, GEORGE J.		4.2 NAME	
STREET ADDRESS 541 PUTTING GREEN LANE		4.3 STREET ADDRESS	
CITY - ST - ZIP LONGBOAT KEY FL		4.4 CITY - ST - ZIP	34228
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, MARGARET		5.2 NAME	
STREET ADDRESS 1711 STARLING DRIVE	⇒	5.3 STREET ADDRESS	4027 COUNTRY VIEW DRIVE
CITY - ST - ZIP SARASOTA FL		5.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAAR, HERMAN		6.2 NAME	
STREET ADDRESS 1255 GULFSTREAM AVENUE	⇒	6.3 STREET ADDRESS	855 S. OSPREY AVE # 114
CITY - ST - ZIP SARASOTA FL		6.4 CITY - ST - ZIP	SARASOTA FL 34236

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 contained 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, on an attachment with an address.

SIGNATURE: *George J. Peters* **GEORGE J. PETERS (T)** Date: **01/22/96** (941) 383-8233

CR2E037 (12/95)