

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N14641** (7)

1. Corporation Name

SARASOTA COUNTY ARTS COUNCIL, INC.

Principal Place of Business

Mailing Address

1351 FRUITVILLE RD
SARASOTA FL 34236
US

1351 FRUITVILLE RD
SARASOTA FL 34236
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2710755

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASWELL, PATRICIA
1351 FRUITVILLE ROAD
SARASOTA FL 34236**

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

TITLE PD ☒ DELETE

NAME **LEDERMAN, SHELLEY**
STREET ADDRESS **2050 BEN FRANKLIN DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE M ☐ DELETE

NAME **CASWELL, PATRICIA**
STREET ADDRESS **1351 FRUITVILLE RD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE TD ☐ DELETE

NAME **MUSCO, STEPHEN M.**
STREET ADDRESS **1549 RINGLING BLVD., #602**
CITY-ST-ZIP **SARASOTA FL**

TITLE SD ☐ DELETE

NAME **BENNETT, LOIS**
STREET ADDRESS **1630 KENILWORTH ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE VD ☒ DELETE

NAME **KIEBITZ, CINDY**
STREET ADDRESS **1232 POINT CRISP ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **KIEBITZ, CINDY**
1.3 STREET ADDRESS **1232 POINT CRISP ROAD**
1.4 CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **V/D** ☐ Change ☒ Addition

2.2 NAME **LOIS SCHULMAN**
2.3 STREET ADDRESS **435 S. GULFSTREAM AVE**
2.4 CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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

SIGNATURE REQUIRED

7/1/97

441.31.5.518

CR2E037 (4/97)