

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90071 018 \*\*\*\*61.25

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01102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N14641</b> 1. Entity Name SARASOTA COUNTY ARTS COUNCIL, INC.					
Principal Place of Business <input checked="" type="checkbox"/> 1226 N TAMiami TRAIL 300 SARASOTA, FL 34236 US			Mailing Address <input checked="" type="checkbox"/> 1226 N TAMiami TRAIL 300 SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2710755				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>CASWELL, PATRICIA</del> Martine Meredith Collier 1226 N TAMiami TRAIL STE 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: Martine Meredith Collier Street Address (P.O. Box Number is Not Acceptable): 1226 N. Tamiami Trail Suite 300 City: Sarasota FL Zip Code: 34236		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Martine Meredith Collier</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/22/07</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, LARRY 1515 RINGLING BLVD SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	VP HERMAN, BILL 3313 SABAL COVE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	VP PETER, MARJORIE POST OFFICE BOX 2018 SARASOTA, FL 342302018	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	VP AARON, GERRI 1225 N. GULFSTREAM AVENUE, #1402 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	TR REES, W. BRETT 1515 RINGLING BLVD SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	SCY BELK, DIANNE 8437 TUTTLE AVENUE, #402 SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			Treasurer Israeloff, Robert 455 Longboat Club Rd. #704 Longboat Key, FL 34228		
SIGNATURE: <u>Martine Meredith Collier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2/22/07</u> DAYTIME PHONE: <u>914-365-5118</u> EXT: <u>302</u>		