

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44674** (2)
1. Corporation Name
SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.



Principal Place of Business: 2901 S. TAMiami TRAIL, SARASOTA FL 34239
Mailing Address: 2901 S. TAMiami TRAIL, SARASOTA FL 34239

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 09/20/1995
4. FEI Number: 65-0280018
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent: DE MANIO, PETER M., 2901 S. TAMiami TRAIL, SARASOTA FL 34239
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 re-registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D DE MANIO, PETER M. <input type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE MANIO, PETER M. | 1.2 NAME | |
| STREET ADDRESS | 1279 WHITEHALL PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D FERGUSON, ARTHUR <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, ARTHUR | 2.2 NAME | |
| STREET ADDRESS | 5215 HIDDEN HARBOR RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D SHOEMAKER, DAVID <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHOEMAKER, DAVID | 3.2 NAME | |
| STREET ADDRESS | 1879 BAYWOOD DR. | 3.3 STREET ADDRESS | 1827 Baywood Drive |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D WILLIAMS, STAN <input type="checkbox"/> DELETE | 4.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, STAN | 4.2 NAME | |
| STREET ADDRESS | 1709 PINE HARRIER CIRCLE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D SUPLEE, RAYMOND <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SUPLEE, RAYMOND | 5.2 NAME | Sharon K. Holden |
| STREET ADDRESS | 3850 FLORES AVE. | 5.3 STREET ADDRESS | 4112 Cochise Terrace |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | Sarasota, FL 34233 |
| TITLE | D PAYNE, L. HOWARD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAYNE, L. HOWARD | 6.2 NAME | |
| STREET ADDRESS | 6474 KICKAPOO RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 6.4 CITY-ST-ZIP | |

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 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: *Sharon K. Holden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/26/96 Daytime Phone #: 941-366-1980

CR2E037 (12/95)