

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

01-16-2007 90214 017 ****70.00

DOCUMENT # N93000002023

1. Entity Name
FORTY CARROTS OF SARASOTA, INC.



Principal Place of Business
**1500 S TUTTLE AVE
SARASOTA, FL 34239**

Mailing Address
**1500 S TUTTLE AVE
SARASOTA, FL 34239**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0405988

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITCHFORD, JAN W
240 S. PINEAPPLE AVE., 10TH FL
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing.)

1/10/07

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D Emeritus** ☐ Delete
NAME **MIMI KLEIN**
STREET ADDRESS **3315 BAYSHORE RD.**
CITY-STATE-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
NAME **KANE, STANLEY**
STREET ADDRESS **539 NORSOTA WAY**
CITY-STATE-ZIP **SARASOTA, FL 34242**

TITLE **D** ☐ Delete
NAME **PITCHFORD, JAN W**
STREET ADDRESS **1635 ALTA VISTA STREET**
CITY-STATE-ZIP **SARASOTA, FL 34236**

TITLE **D** ☐ Delete
NAME **GITHLER, KIM**
STREET ADDRESS **374 S SHORE DR**
CITY-STATE-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
NAME **CHADWICK, TABER**
STREET ADDRESS **1240 HILLVIEW DR**
CITY-STATE-ZIP **SARASOTA, FL 34239**

TITLE **D** ☒ Delete
NAME **JOHNSON, NORA**
STREET ADDRESS **1044 N. CASEY KEY RD.**
CITY-STATE-ZIP **SARASOTA, FL 34229**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Jeanne Smith**
STREET ADDRESS **1607 Broomridge Ct**
CITY-STATE-ZIP **Bradenton FL 34202**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Meg Wittmer**
STREET ADDRESS **1441 Rebecca Ln**
CITY-STATE-ZIP **Sarasota FL 34231**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Rich Williams**
STREET ADDRESS **1703 Hyde Park Str**
CITY-STATE-ZIP **Sarasota FL 34239**

TITLE **D** ☐ Change ☒ Addition
NAME **Dan DeLeo**
STREET ADDRESS **2346 Sunnyside Ln**
CITY-STATE-ZIP **Sarasota FL 34239**

TITLE **D** ☐ Change ☒ Addition
NAME **Minta betzen**
STREET ADDRESS **8871 Fisherman's Bay Dr**
CITY-STATE-ZIP **Sarasota FL 34231**

TITLE **D** ☐ Change ☒ Addition
NAME **Pauline Joerger**
STREET ADDRESS **1510 Hyde Park St**
CITY-STATE-ZIP **Sarasota FL 34239**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #