


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90007 049 \*\*\*\*61.25

**DOCUMENT # N98000006852**

1. Entity Name  
**THE WELCOME CLUB OF SARASOTA, INC.**



Principal Place of Business      Mailing Address

**865 FREELING DRIVE  
SIESTA KEY FL 34242  
US**      **P O BOX 5125  
SARASOTA FL 34277**

34062000



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

**4907 Old Tree Place**      Suite, Apt. #, etc.

City & State      City & State

**Sarasota, FL**      City & State

4. FEI Number      Applied For

**65-0890035**      Not Applicable

Zip      Country      Zip      Country

**34233 Sarasota**      Zip      Country

5. Certificate of Status Desired      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VANTZ, KAY  
2829 COVENTRY WAY  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Shirly Platt**

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

**4907 Old Tree Place**

City **Sarasota**      FL      Zip Code **34233**

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 **Shirly Platt President Welcome Club of Sarasota February 26, 2004**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKCONNELL, DEDE 1615 NORTH LAKE SHORE DR. SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHAN, SHARRON 8607 WOODBRIAR DR. SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANTZ, KAY 2829 COVENTRY WAY SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAY, ELAINE 8035 COLLINGWOOD CT UNIVERSITY PARK FL 34201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Platt, Shirly 4907 Old Tree Place Sarasota, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Munger, Jeanette 668 Clear Creek Drive Osprey, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Morris, Carol 2299 Vintage Street Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD West, Jolyn 8969 Misty Creek Drive Sarasota, FL 34241	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: **Jolyn West, Treasurer**      Date **2/27/04**      Daytime Phone # **(941) 923-0031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR