

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006852

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE WELCOME CLUB OF SARASOTA, INC.

Current Principal Place of Business:

5791 GIRONA PLACE
SARASOTA, FL 34238 US

New Principal Place of Business:

3762 EAGLE HAMMOCK DRIVE
SARASOTA, FL 34240 US

Current Mailing Address:

P O BOX 5125
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0890035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, MARY
5791 GIRONA PLACE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

LAURIA, MARIANNE
3762 EAGLE HAMMOCK DRIVE
SARASOTA, FL 34240 US

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.

SIGNATURE: MARIANNE LAURIA

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, MARY
Address: 5791 GIRONA PLACE
City-St-Zip: SARASOTA, FL 34238

Title: V-1D () Delete
Name: NOON, ANN
Address: 4648 TUSCANA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: V-2D () Delete
Name: MULLALLY, MARY
Address: 12553 30TH ST CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: SD () Delete
Name: PELTIER, DORRIS
Address: 1976 TOM MORRIS DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: KOVACH, SUSI
Address: 13389 BASTIANO STREET
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAURIA, MARIANNE
Address: 3762 EAGLE HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: V-1D (X) Change () Addition
Name: MULLALLY, MARY
Address: 12553 30TH ST CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: V-2D (X) Change () Addition
Name: KUPPERBUSCH, JUDY
Address: 8017 BOBCAT CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: SD (X) Change () Addition
Name: GOVEIA, JOAN
Address: 3764 EAGLE HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSI KOVACH

TD

01/20/2009

Electronic Signature of Signing Officer or Director

Date