

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90059 034 ****70.00

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DOCUMENT # 738574

1. Corporation Name

OUT-OF-DOOR ACADEMY OF SARASOTA, INC.

Principal Place of Business

**444 REID STREET
SARASOTA FL 34242**

Mailing Address

**444 REID STREET
SARASOTA FL 34242**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/06/1977

4. FEI Number

59-1731857

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

9. Name and Address of Current Registered Agent

**REGAN, DONALD THOMAS J
333 SO. TAMiami TRAIL
SUITE 201
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE
NAME **SAVIDGE, REED**
STREET ADDRESS **PO BOX 49512 N/A**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **VT** ☐ DELETE
NAME **PENDERY, KEN**
STREET ADDRESS **4528 SPRING FLOWER CT**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TT** ☐ DELETE
NAME **KUZMA, GREGORY**
STREET ADDRESS **6764 ASHLEY CT**
CITY-ST-ZIP **SARASOTA FL**

TITLE **CT** ☒ DELETE
NAME **WOOD, ART**
STREET ADDRESS **1515 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE **VT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **CT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **ST** ☐ Change ☒ Addition
4.2 NAME **SMITH, LINDY L.**
4.3 STREET ADDRESS **7268 FIRETHORNE DRIVE**
4.4 CITY-ST-ZIP **SARASOTA, FL**

5.1 TITLE **TRUSTEE** ☐ Change ☒ Addition
5.2 NAME **SULLIVAN, DANIEL J.**
5.3 STREET ADDRESS **4128 VIA MIRDA**
5.4 CITY-ST-ZIP **SARASOTA, FL**

6.1 TITLE **TRUSTEE** ☐ Change ☒ Addition
6.2 NAME **GOLDBERG, KENNETH I.**
6.3 STREET ADDRESS **4201 PALACIO DRIVE**
6.4 CITY-ST-ZIP **SARASOTA, FL**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE **REGGORY KUZMA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

Daytime Phone #

CR25037-111081