

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 035 ****61.25

DOCUMENT # 738574

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1731857

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGAN, DONALD THOMAS J
1267 BEE RIDGE ROAD
SARASOTA, FL 34241**

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 reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DR** ☒ Delete
NAME **SAVIDGE, REED**
STREET ADDRESS **PO BOX 49512 N/A**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **VT** ☐ Change ☒ Addition
NAME **GELBMAN, RONALD**
STREET ADDRESS **459 MEADOWLARK DR.**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **HM** ☐ Delete
NAME **NOVELLO, MICHAEL**
STREET ADDRESS **444 REID ST.**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TT** ☐ Delete
NAME **REES, BRETT**
STREET ADDRESS **1708 CHEROKEE DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MCARDLE, MARGARET**
STREET ADDRESS **5025 COCO PLIM WAY**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SULLIVAN, DANIEL J**
STREET ADDRESS **4128 VIA MIRDA**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **Assistant Treasurer** ☐ Change ☒ Addition
NAME **Harry M. Hayes**
STREET ADDRESS **1434 LADUE LN.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **VT** ☐ Delete
NAME **KANE, MARK**
STREET ADDRESS **4917 CHERRY LAUREL WAY**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **CT** ☒ Change ☐ Addition
NAME **KANE, MATHEW**
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
Date

941-349-3223
Daytime Phone #