

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49787

Entity Name: RELEAF SARASOTA COUNTY, INC.

FILED  
Aug 24, 2004  
Secretary of State

**Current Principal Place of Business:**

2620 GRAFTON ROAD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2620 GRAFTON ROAD  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 65-0343776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, BETSY  
3227 ASHTON RD.  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: MALOFF, ELLEN,  
Address: 2620 GRAFTON ROAD  
City-St-Zip: SARASOTA, FL 342315110

Title: T ( ) Delete  
Name: EDWARDS, CHARLES  
Address: 3429 WINDING OAKS DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: HARRIS SENAC, LESLIE  
Address: 3221 WILLIAMSBURG ST  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: ROBERTS, BETSY  
Address: 3227 ASHTON RD  
City-St-Zip: SRASOTA, FL

Title: D ( ) Delete  
Name: MEKSRAITIS, JUDY  
Address: 3336 THORNWOOD RD.  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLEN J. MALOFF

ED

08/24/2004

Electronic Signature of Signing Officer or Director

Date