



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 002 ****61.25

DOCUMENT # N14350 1. Entity Name SARASOTA CONCERT ASSOCIATION, INC.						
Principal Place of Business 3820 AMAPOLA LANE SARASOTA, FL 34238 US			Mailing Address C/O JAMES SCHIFFMAN 3820 AMAPOLA LANE SARASOTA, FL 34238 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2850861		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHIFFMAN, JAMES 3820 AMAPOLA LANE SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MILLER, MELTON M 1328 GLENDALE CIRCLE E. SARASOTA, FL 34232		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DS MILLER, MELTON M 1328 GLENDALE CIRCLE E. SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEITHER, MARTHA 4346 BRYANTS POND LANE SARASOTA, FL 34233		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIMBY, ROBERT F 1363 GLENDALE CIRCLE E SARASOTA, FL 34232		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLAN, PAUL 7049 TREYMORE COURT SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIFFMAN, JAMES 3820 AMAPOLA LANE SARASOTA, FL 34238		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLEMING, MILLICENT 4713 VILLAGE GARDENS DRIVE SARASOTA, FL 34234		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAAR, HERMAN 101 S GULFSTREAM APT 8-D SARASOTA, FL 34236		<input type="checkbox"/> Delete	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 life empowered.						
SIGNATURE: <i>James Schiffman</i> James Schiffman						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: <i>1/24/2005 (94)</i> 861-1166						