SIGNATURE	E: MARTIN DONNER			03/30/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	DAUGHTRY, JEFFREY DR.	Name	GILMORE, RENEE	
Address	P O BOX 2055	Address	P O BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230	
Title	TREASURER	Title	VP	
Name	DONNER, MARTY	Name	KIELTY, CHRIS	
Address	P O BOX 2055	Address	P O BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230	
Title	BOARD OF DIRECTORS	Title	BOARD OF DIRECTOR	
Name	KNISLEY, BEN	Name	GILMORE, RENEE	
Address	P O BOX 2055	Address	P O BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230	
Title	BOARD OF DIRECTOR	Title	BOARD OF DIRECTORS	
Name	CONNELLY, KEVIN	Name	PLEWS, DENNIS	
Address	P O BOX 2055	Address	P O BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230	
		_		

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003921

### Entity Name: SARASOTA COUNTY VETERANS COMMISSION INC.

#### **Current Principal Place of Business:**

4306 REFLECTIONS PARKWAY SARASOTA, FL 34233

#### **Current Mailing Address:**

P O BOX 2055 SARASOTA, FL 34230 US

## FEI Number: 80-0853008

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

DONNER, MARTIN 4306 REFLECTIONS PARKWAY SARASOTA, FL 34233 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.

Continues on page 2

I hereby 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 all other like empowered.

## SIGNATURE: RENEE GILMORE

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 30, 2018 Secretary of State CC6168771405

Certificate of Status Desired: No

03/30/2018 Date

## **Officer/Director Detail Continued :**

Title	BOARD OF DIRECTORS	Title	BOARD OF DIRECTORS
Name	MC FARLANE, KIM	Name	DAUGHTRY, JEFFREY
Address	P O BOX 2055	Address	P O BOX 2055
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230