SIGNATURE	: MARTIN DONNER			02/03/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	etor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	MORIERA, CARLOS	Name	DONNER, MARTY	
Address	P O BOX 2055	Address	P O BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34230	
Title	VP	Title	BOARD OF DIRECTORS	
Name	KIELTY, CHRIS	Name	KNISLEY, BEN	
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 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	
Title	MR	Title	BOARD OF DIRECTORS	
Name	SMITH, TED	Name	VAUGHN, BARBARA	
Address	P O BOX 2055	Address	PO BOX 2055	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	SARASOTA FL 34240	

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.

P O BOX 2055 SARASOTA, FL 34230 US

Current Principal Place of Business:

FEI Number: 80-0853008

DOCUMENT# N08000003921

4306 REFLECTIONS PARKWAY SARASOTA, FL 34233

Current Mailing Address:

Name and Address of Current Registered Agent:

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SARASOTA COUNTY VETERANS COMMISSION INC.

DONNER, MARTIN 4306 REFLECTIONS PARKWAY SARASOTA, FL 34233 US

above, or on an attachment with all other like empowered. SIGNATURE: MARTY DONNER

TREASURER

02/03/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2021 Secretary of State 7212726673CC

Certificate of Status Desired: Yes

Date

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

Officer/Director Detail Continued :

Title	BOARD OF DIRECTORS	Title	BOARD OF DIRECTORS
Name	WILLIAMS, JAYME	Name	GOLEMBESKI, JOE
Address	PO BOX 2055	Address	PO BOX 2055
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34230