

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2016
Secretary of State
CC7781179167

Entity Name: FULLER CENTER FOR HOUSING SARASOTA, INC.

Current Principal Place of Business:

2065 CONSTITUTION BLVD
SARASOTA, FL 34231

Current Mailing Address:

P. O. BOX 2726
SARASOTA, FL 34230 US

FEI Number: 47-3206547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUDSON BOEDECKER, K
2065 CONSTITUTION BLVD
SARASOTA, FL 34231 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHN W. MEYER
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title VP
Name JUDSON K. BOEDECKER
Address 2065 CONSTITUTION BLVD
City-State-Zip: SARASOTA FL 34231

Title SECRETARY/TREASURER
Name CATHIE D. MEYER
Address 6832 JARVIS RD.
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR
Name BEN SPRUNGER
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name CAROLINE CHAMBLISS
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name FLOYD W. CHURN
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name WILLIAM HAGER
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name KATHERINE HERRON
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

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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: CATHIE D. MEYER

SECRETARY/TREASURER 03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PHIL KUEBBELER
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name LARRY SCHAPER
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name MARK MARTIN
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name JOHN SCHAUB
Address P. O. BOX 2726
City-State-Zip: SARASOTA FL 34230