

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001542

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

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

Title            DIRECTOR  
Name            PHIL KUEBBELER  
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

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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:** WILLIAM B HAGER

**TREASURER**

**01/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LARRY SCHAPER  
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