

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44674

**Entity Name:** SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.

**Current Principal Place of Business:**

153 N. TAMIAMI TRAIL  
OSPREY, FL 34229

**FILED**  
**Jan 10, 2019**  
**Secretary of State**  
**5037437725CC**

**Current Mailing Address:**

153 N. TAMIAMI TRAIL  
OSPREY, FL 34229 US

**FEI Number: 65-0280018**

**Certificate of Status Desired: No**

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

LINGLE, TOM  
153 N. TAMIAMI TRAIL  
OSPREY, FL 34229 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: TOM LINGLE**

**01/10/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LINGLE, TOM  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           PRESIDENT  
Name           GERDES, DAN  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           CORRESPONDING SECRETARY  
Name           CROSS, NATHAN  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           NAIDEL, JULIE  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           VP  
Name           TANAKA, DANIELLE  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           SIMPSON, CHARLES  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           BROWN, GRAEME  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           ANDERSON, JAMES  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

**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: TOM LINGLE**

**TREASURER**

**01/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WIEGANDT, KAREN  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           STEWART, CHRIS  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           LEITER, JEANETTE  
Address        153 N. TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229