

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 027 ****61.25

DOCUMENT # 700229

1. Entity Name
SARASOTA COUNTY CIVIC LEAGUE INCORPORATED



Principal Place of Business
**2033 MAIN STREET
SARASOTA, FL 34236 US**

Mailing Address
**P.O. BOX 3192
SARASOTA, FL 34230 US**



01142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0105268		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GEORGE, CLAUDIA 2750 RINGLING BLVD SUITE 2 SARASOTA, FL 34237				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State.**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOLLAND, LINDA			NAME	Ray Pilon		
STREET ADDRESS	1413 BLVD. OR THE ARTS			STREET ADDRESS	1645 Barber Rd, Ste A		
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	Sarasota FL 34240		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACFARLANE, GEORGE			NAME			
STREET ADDRESS	401 INTERSTATE BLVD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUTTON, TIM			NAME	Susan Grundy		
STREET ADDRESS	1226 N. TAMiami TRAIL, STE 202			STREET ADDRESS	1858 Ringling Blvd		
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	Sarasota FL 34236		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOURNIER, ROBERT			NAME	Susan Chapman		
STREET ADDRESS	46 N WASHINGTON BLVD, STE 21			STREET ADDRESS	1800 2nd St Ste 799		
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	Sarasota FL 34236		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUNG, JAN			NAME			
STREET ADDRESS	2002 RINGLING BLVD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04