


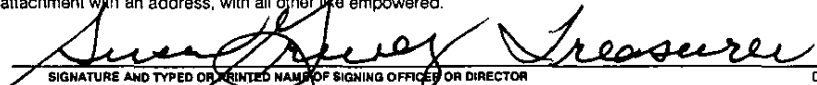


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90057 047 ****61.25

DOCUMENT # 700229 1. Entity Name SARASOTA COUNTY CIVIC LEAGUE INCORPORATED					
Principal Place of Business 2033 MAIN STREET 1990 Main St #801 SARASOTA, FL 34236 US				Mailing Address P.O. BOX 3192 SARASOTA, FL 34230 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02092006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0105268	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GEORGE CLAUDIA Susan Grundy 2760 RINGLING BLVD 1990 Main Street #801 SARASOTA, FL 34237 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Susan Grundy Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street #801 City Sarasota FL Zip Code 34236	
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 				DATE 2/9/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	VD TEBRUGGE, ADAM 2337 IXORA AVE SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MACFARLANE, GEORGE 401 INTERSTATE BLVD SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRUNDY, SUSAN 1858 RINGLING BLVD. SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1990 main Street, Ste 801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEVIN, GAIL 6860 PINE STREET LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ULRICH, RICHARD A 2940 S TAMiami TR SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	YP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date 941-953-7441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	