

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 038 ****61.25

DOCUMENT # 700381

1. Entity Name
THE SARASOTA COUNTY BAR ASSOCIATION, INC.



Principal Place of Business
**2002 RINGLING BLVD
ROOM 105
SARASOTA, FL 34237**

Mailing Address
**PO BOX 507
SARASOTA, FL 34230**

40020501



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1546854

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUNG, JAN
2002 RINGLING BLVD ROOM 105
SARASOTA, FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Jan Jung (Jan Jung)*

02-14-07

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, 2007**

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 **TD** ☐ Delete
NAME **JOHNSON, SHERRI**
STREET ADDRESS **PO BOX 3259**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PE** ☐ Delete
NAME **HALVORSEN, KATE**
STREET ADDRESS **PO BOX 1866**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE **PE** ☒ Change ☐ Addition
NAME **Bentley, Morgan R.**
STREET ADDRESS **200 S. Orange Avenue**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **SD** ☐ Delete
NAME **FITZGIBBONS, THOMAS M**
STREET ADDRESS **2750 RINGLING BLVD SUITE 4**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HARDY, ARTHUR S**
STREET ADDRESS **1777 MAIN ST SUITE 500**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PD** ☒ Change ☐ Addition
NAME **Halvorsen, Kate**
STREET ADDRESS **P.O. Box 1866**
CITY-ST-ZIP **Sarasota, FL 34230**

TITLE **PPD** ☐ Delete
NAME **JACKSON, MARY ALICE**
STREET ADDRESS **6010 CATTILERIDGE DR SUITE 102**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **PDD** ☒ Change ☐ Addition
NAME **Hardy, Arthur S.**
STREET ADDRESS **1777 Main St., Ste.500**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VD** ☒ Delete
NAME **BENTLEY, MORGAN R**
STREET ADDRESS **200S ORANGE AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VD** ☐ Change ☐ Addition
NAME **Position Eliminated**
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #