FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704845** **(7)**

1. Corporation Name
SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Principal Place of Business	Mailing Address
~~2526 WISTERIA ST.~~	~~2526 WISTERIA ST.~~
~~SARASOTA FL 34239~~	~~SARASOTA FL 34239~~
~~US~~ 4822 Ocean Blvd #2D	~~US~~
Sarasota, FL 34242	(Same)

2. Principal Place of Business	2a. Mailing Address
21 4822 Ocean Blvd #2D	26 4822 Ocean Blvd #2D
Suite, Apt. #, etc. 22 #2D	Suite, Apt. #, etc. 27 #2D
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34242 / Country 25 Sarasota	Zip 29 34242 / Country 30 Sarasota

3. Date Incorporated or Qualified: 11/28/1962
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-6200847 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ZERMAN, MAXINE~~ Laura Vajda
~~2526 WISTERIA ST.~~ 4822 Ocean Blvd #2D
~~SARASOTA FL 34239~~ Sarasota, FL 34242

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Laura Vajda, PRESIDENT
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P CHANGE	~~ZERMAN, MAXINE~~ Laura Vajda	~~2526 WISTERIA ST~~ 4822 Ocean Blvd. #2D	~~SARASOTA FL~~ Sarasota, FL 34242	☐
VP CHANGE	~~LACLEDE, ANN~~ Norma Marcum	~~479 SHERBROOKE CT.~~ 4822 Ocean Blvd.	~~VENICE FL~~ Sarasota, FL 34242	☐
S	WOLLHEIM, MRS. C. J. OK	817 IDLEWILD WAY	SARASOTA, FL 00000	☐
T CHANGE	HARP, ELIZABETH Jan Sluga	235 ~~CHARTLEY~~ CT., N. 5314 Wellfleet Dr. N	~~SARASOTA FL~~ Sarasota, FL 34241	☐
D CHANGE	MARCUM, NORMA Lois Chernoff	~~4822 OCEAN BLVD~~ 3929 Wilshire Dr.	~~SARASOTA FL~~ Sarasota, FL 34238	☐
D	JONES, GORDON C OK	4802 KESTRAL PARK CIR.	SARASOTA FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
(D)	Sylvia Finver	2701 Riverbluff Ct.	Sarasota, FL 34231	☐	☒
(D)	Muriel Schoen	4767 Tivoli Pl.	Sarasota, FL 34235	☐	☒
Recording Secretary	Gwen Rogers	5174 Sandy Cove Ave.	Sarasota, FL 34242	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☒

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan Sluga — Jan Sluga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/15/96 — Daytime Phone #: (941) 923-2063

CR2E037 (12/95)