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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 704845 (7)
1. Corporation Name

SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Principal Place of Business

Mailing Address

4822 OCEAN BOULEVARD
#2-D
SARASOTA FL 34242
US4822 OCEAN BOULEVARD
#2-D
SARASOTA FL 34242-1304
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
11/28/19623a. Date of Last Report
03/27/19964. FEI Number
59-6200847Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAJDA, LAURA
4822 OCEAN BOULEVARD
#2-D
SARASOTA FL 34242

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME VAJDA, LAURA
STREET ADDRESS 4822 OCEAN BLVD #2D
CITY-ST-ZIP SARASOTA FL 342421.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Finver, Sylvia
1.3 STREET ADDRESS 2701 Riverbluff Ct.
1.4 CITY-ST-ZIP Sarasota, FL 34231TITLE VP ☐ DELETE
NAME MARCUM, NORMA
STREET ADDRESS 4822 OCEAN BLVD
CITY-ST-ZIP SARASOTA FL 342422.1 TITLE P ☐ Change ☒ Addition
2.2 NAME Schoen, Muriel
2.3 STREET ADDRESS 4767 Tivoli Pl.
2.4 CITY-ST-ZIP Sarasota, FL 34235TITLE S ☐ DELETE
NAME WOLLHEIM, C J
STREET ADDRESS 817 IDLEWILD WAY
CITY-ST-ZIP SARASOTA FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Recording Secretary
3.3 STREET ADDRESS Rogers, Gwen
3.4 CITY-ST-ZIP 5174 Sandy Cove Ave.
Sarasota, FL 34242TITLE T ☐ DELETE
NAME SLUGA, JAN
STREET ADDRESS 5314 WELFLEET DRIVE N
CITY-ST-ZIP SARASOTA FL 342384.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CHERNOFF, LOIS
STREET ADDRESS 3929 WILSHIRE DRIVE
CITY-ST-ZIP SARASOTA FL 342385.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME JONES, GORDON C
STREET ADDRESS 4802 KESTRAL PARK CIR.
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: Janice Sluga, Janice Sluga, Treasurer 1/30/97 941-923-2063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063706

CR2E037 (9/96)