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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

4822 OCEAN BOULEVARD #2-D SARASOTA FL 34242 US

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

3. Date Incorporated or Qualified 11/28/1962

3a. Date of Last Report 03/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-6200847

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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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 34242

1.1 TITLE D  Change  Addition  
1.2 NAME Finver, Sylvia  
1.3 STREET ADDRESS 2701 Riverbluff Ct.  
1.4 CITY-ST-ZIP Sarasota, FL 34231

TITLE VP  DELETE  
NAME MARCUM, NORMA  
STREET ADDRESS 4822 OCEAN BLVD  
CITY-ST-ZIP SARSSOTA FL 34242

2.1 TITLE P  Change  Addition  
2.2 NAME Schoen, Muriel  
2.3 STREET ADDRESS 4767 Tivoli Pl.  
2.4 CITY-ST-ZIP Sarasota, FL 34235

TITLE S  DELETE  
NAME WOLLHEIM, C J  
STREET ADDRESS 817 IDLEWILD WAY  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE Recording Secretary  Change  Addition  
3.2 NAME Rogers, Gwen  
3.3 STREET ADDRESS 5174 Sandy Cove Ave.  
3.4 CITY-ST-ZIP Sarasota, FL 34242

TITLE T  DELETE  
NAME SLUGA, JAN  
STREET ADDRESS 5314 WELLFLEET DRIVE N  
CITY-ST-ZIP SARASOTA FL 34238

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME CHERNOFF, LOIS  
STREET ADDRESS 3929 WILSHIRE DRIVE  
CITY-ST-ZIP SARASOTA FL 34238

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME JONES, GORDON C  
STREET ADDRESS 4802 KESTRAL PARK CIR.  
CITY-ST-ZIP SARASOTA FL

6.1 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, Treasurer 1/30/97 941-923-2063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063706

CFR2E037 (9/96)