


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
US**

3. Date Incorporated or Qualified

11/28/1962

4. FEI Number

59-6200847

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4336 Kingston Loop
Suite, Apt. #, etc.

2a 4336 Kingston Loop
Suite, Apt. #, etc.

City & State

22 Sarasota FL

City & State

2b Sarasota FL

Zip

24 34238

Country

25 USA

Zip

28 34238

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Doris Schuyler
82 Street Address (P.O. Box Number is Not Acceptable) 4336 Kingston Loop
83
84 City Sarasota FL 85 Zip Code 34238

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

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

Doris E. Schuyler, President

4/29/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VAJDA, LAURA	
STREET ADDRESS	4822 OCEAN BLVD #2D	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARCUM, NORMA	
STREET ADDRESS	4822 OCEAN BLVD	
CITY-ST-ZIP	SARSSOTA FL 34242	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOLLHEIM, C J	
STREET ADDRESS	817 IDEWILD WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SLUGA, JAN	
STREET ADDRESS	5314 WELFLEET DRIVE N	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHERNOFF, LOIS	
STREET ADDRESS	3929 WILSHIRE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, GORDON C	
STREET ADDRESS	4802 KESTRAL PARK CIR.	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doris Schuyler	
1.3 STREET ADDRESS	4336 Kingston Loop	
1.4 CITY-ST-ZIP	Sarasota, FL 34238	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joyce Ranp	
2.3 STREET ADDRESS	6143 Wilshire Circle	
2.4 CITY-ST-ZIP	Sarasota, FL 34231	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lois Chernoff	
4.3 STREET ADDRESS	3929 Wilshire Drive	
4.4 CITY-ST-ZIP	Sarasota, FL 34238	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Muriel Schoen	
5.3 STREET ADDRESS	4767 Tivoli Place	
5.4 CITY-ST-ZIP	Sarasota, FL 34238	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lee Goodman	
6.3 STREET ADDRESS	1519 Blue Heron Drive	
6.4 CITY-ST-ZIP	Sarasota, FL 34238	

14. I 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:

Doris E. Schuyler

4/29/98 941-22-2027

CR2E037 (10/97)