

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704845

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

**Current Principal Place of Business:**

4336 KINGSTON LOOP  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

4336 KINGSTON LOOP  
SARASOTA, FL 34238 US

**New Mailing Address:**

**FEI Number:** 59-6200847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHUYLER, DORIS  
4336 KINGSTON LOOP  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, MARIE  
Address: 1604 STARLING DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: VAJDA, LAURA  
Address: 4822 OCEAN BLVD #2D  
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete  
Name: WOLLHEIM, C J  
Address: 817 IDLEWILD WAY  
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete  
Name: CHERNOFF, LOIS  
Address: 2029 WILSHIRE DRIVE  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: SCHUYLER, DORIS  
Address: 4336 KINGSTON LOOP  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: GOODMAN, LEE  
Address: 1519 BLUE HERON DRIVE  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS SCHUYLER

DIR.

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date