

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 028 ****61.25

DOCUMENT # 704845

1. Entity Name

SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.



Principal Place of Business

4336 KINGSTON LOOP
SARASOTA FL 34238
US

Mailing Address

4336 KINGSTON LOOP
SARASOTA FL 34238
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-6200847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUYLER, DORIS
4336 KINGSTON LOOP
SARASOTA FL 34238

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BROWN, MARIE
STREET ADDRESS 1604 STARLING DRIVE
CITY-ST-ZIP SARASOTA FL 34231

TITLE P.VAJDA, LAURA ☒ Change ☐ Addition
NAME
STREET ADDRESS 4822 OCEAN BLVD. #2D
CITY-ST-ZIP SARASOTA, FL 34242

TITLE VP ☒ Delete
NAME VAJDA, LAURA
NAME WOLLHEIM, C J
STREET ADDRESS 817 IDLEWILD WAY
CITY-ST-ZIP SARASOTA FL

TITLE VP. MARCUN, NORMA ☒ Change ☐ Addition
NAME
STREET ADDRESS 4822 OCEAN BLVD - #7F
CITY-ST-ZIP SARASOTA, FL 34242

TITLE T ☐ Delete
NAME CHERNOFF, LOIS
STREET ADDRESS 2029 WILSHIRE DRIVE
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHUYLER, DORIS
STREET ADDRESS 4336 KINGSTON LOOP
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOODMAN, LEE
STREET ADDRESS 1519 BLUE HERON DRIVE
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois F. Chernoff* LOIS F. CHERNOFF 3-31-06 (941) 924-0951