

705925

Annual Report

600002566346—3

Filed 4-6-93

2 pgs.

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
John Shields
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # 705295 (4)**
FRIENDS OF THE ARTS AND SCIENCES OF SARASOTA COUNTY, INC. FLORIDA
4433 RIVERWOOD AVE
PO BOX 15706
SARASOTA FL 34231-4437

DO NOT WRITE IN THIS SPACE

2. FILING ADDRESS (Indicate if different from above)		2a. Principal Place of Business	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country

3. Date Incorporated or Qualified: **03/07/1963** 3a. Date of Last Report: **04/23/1992**

4. Title Number: **591056660** Applied For: Not Applicable

5. Certificate of Status Desired: **\$9.75 Additional Fee Required**

6. Election Campaign Financing and Fund Contribution: **\$5.00 May Be Added to Fees**

7. Keep record with IRS (9911)(X)(3) for exempt status: **\$138.75 Supplemental Fee Not Required**

8. Has corporation liability for intangibles tax under S. 109.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIM, JERRINE 4433 RIVERWOOD AVENUE SARASOTA FL 34231				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State		B5. Zip Code	
				FL			

11. I, the undersigned, in the presence of two or more disinterested persons, certify that I am a resident of this State and that I am a resident of this State, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the position of registered agent for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-13-93**

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1. TITLE	V/D	1. TITLE	P/D
2. NAME	BLACK, LLOYD C.	2. NAME	FRANCES B. KNIGHT
3. ADDRESS	13 BUENA VISTA	3. ADDRESS	1234 NORTH PORT DRIVE
4. CITY, ST, ZIP	ENGLWOOD FL	4. CITY, ST, ZIP	SARASOTA, FL 34242
5. TITLE	V/D	5. TITLE	
6. NAME	LEECH, DOROTHY	6. NAME	
7. ADDRESS	2362 PINE TERRACE	7. ADDRESS	
8. CITY, ST, ZIP	SARASOTA FL	8. CITY, ST, ZIP	
9. TITLE	S/D	9. TITLE	
10. NAME	IRISH, MARTHA	10. NAME	
11. ADDRESS	120 PASS KEY RD	11. ADDRESS	
12. CITY, ST, ZIP	SARASOTA FL	12. CITY, ST, ZIP	
13. TITLE	T/D	13. TITLE	
14. NAME	JOHNSON, NILS F	14. NAME	
15. ADDRESS	3870 EASTON ST	15. ADDRESS	
16. CITY, ST, ZIP	SARASOTA FL	16. CITY, ST, ZIP	
17. TITLE	D	17. TITLE	
18. NAME	OWEN, CALVIN P	18. NAME	
19. ADDRESS	8559 WOODBRIAR DR	19. ADDRESS	
20. CITY, ST, ZIP	SARASOTA FL	20. CITY, ST, ZIP	
21. TITLE	D	21. TITLE	
22. NAME	SIKORSKI, HELEN	22. NAME	
23. ADDRESS	4635 OCEAN BLVD	23. ADDRESS	
24. CITY, ST, ZIP	SARASOTA FL	24. CITY, ST, ZIP	

14. I certify that the information contained in this annual report is true and correct and that my signature shall have the same legal effect as if I were a resident of this State. I hereby certify that I am an officer or director of the corporation and that my name is on an attached list with an address.

SIGNATURE: *[Signature]* DATE: **4-13-93**

Print Title of Secretary, Officer or Director: **NILS F. JOHNSON** TREASURER

Telephone Number: **(913) 981-3842**