## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#710052** 

FILED Feb 02, 2009 Secretary of State

Entity Name: SARASOTA, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND

ENCOURAGEMENT OF BARBERSHOP QUARTET SINGING IN AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5750 OLD RANCH RD SARASOTA, FL 34241 US

**Current Mailing Address: New Mailing Address:** 

5750 OLD RANCH RD SARASOTA, FL 34241

FEI Number: 59-6155059 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FRANTZ, DAVID H 5750 OLD RANCH RD SARASOTA, FL 34241 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

DOBSON, HOWARD Name: Name: 5932 JAVA PLUM LANE Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete

DAHL, HAN E Name: QUINN, ROBERT Name:

Address: 4939 RUTLAND GATE Address: 429 CERROMAR LANE #351

City-St-Zip: SARASOTA, FL 34235 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: () Change () Addition

FRANTZ, DAVID H Name: Name: 5750 OLD RANCH RD Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: HANKINS, TOM Name: 5321 MYAKKA VALLEY TRAIL Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

RAOLERSON, GARY BECHTEL, RICHARD Name: Name: 3916 PIN OAK ST 4880 CEDAR OAK WAY Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID H. FRANTZ DT 02/02/2009