FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:23

DOCUMENT # 712851 (5)

1. Corporation Name
BOYS & GIRLS CLUBS OF SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
3100 FRUITVILLE RD. SARASOTA FL 34237	3100 FRUITVILLE RD. SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1967
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-6211876 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCBEAN, ROY
3921 GLEN OAKS MANOR DR.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE		☐ Change ☐ Addition
NAME	REID, J. MACK	1.2 NAME		
STREET ADDRESS	3928 PIN OAKS ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE	DP	☑ Change ☐ Addition
NAME	SCHEB, ROBERT	2.2 NAME		
STREET ADDRESS	PO DRAWER 4275 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34230	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	HUTCHINSON, MARTHA	3.2 NAME	CAIL, THOMAS	
STREET ADDRESS	PO BOX 1478 N/A	3.3 STREET ADDRESS	1601 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34230	3.4 CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SABA, RICHARD D	4.2 NAME		
STREET ADDRESS	1390 MAIN ST. STE 824	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DT	☑ Change ☐ Addition
NAME	MARTIN, JIM	5.2 NAME		
STREET ADDRESS	1661 MAIN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE	D	☑ Change ☐ Addition
NAME	CARON, ROGER	6.2 NAME		
STREET ADDRESS	2613 PINE LAKE TERRACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ ROBERT SCHEB 2-6-95 813-366-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003684