FILE NOW: FILING FEE IS $61.25

FILED
Apr 05, 1999 8:00 am
Secretary of State
04-05-1999 90026 039 ****70.00

0067210

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712851**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 PO BOX 4068	05/31/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6211876 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 SARASOTA, FL 34230	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34230 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCBEAN, ROY 2097 WASATCH DRIVE SARASOTA FL 34235	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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, ED		2.2 NAME		
STREET ADDRESS	1221 1ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAIL, THOMAS		3.2 NAME		
STREET ADDRESS	1801 MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	DT	☐ DELETE	5.1 TITLE	DT	☑ Change ☐ Addition
NAME	PAUL CER, PAUL		5.2 NAME	THATCHER, PAUL	
STREET ADDRESS	2 N TAMIAMI TR		5.3 STREET ADDRESS	2 N TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	~~CARON, ROGER~~		6.2 NAME	RESH, PETE	
STREET ADDRESS	~~2013 PINE LAKE TERRACE~~		6.3 STREET ADDRESS	4509 TRAILS DR	
CITY-ST-ZIP	~~SARASOTA FL~~		6.4 CITY-ST-ZIP	SARASOTA, FL	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: J. Mack Reid SIGNATURE RESUMACK REID 3-30-99 941-366-3911 x22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)