

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716783

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** SARASOTA COUNTY INDIAN GUIDES, INC.

**Current Principal Place of Business:**

4003 MESA AVE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

4003 MESA AVE  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 59-1783115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORY, ROBERT  
4003 MESA AVE  
SARASOTA, FL 34233 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBERT, CORY  
Address: 4003 MESA AVE  
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete  
Name: LIKINS, DANIEL  
Address: 4028 VALLE LANE  
City-St-Zip: SARASOTA, FL 34235

Title: S ( ) Delete  
Name: CORY, ROBERT  
Address: 4003 MESA AVE  
City-St-Zip: SARASOTA, FL

Title: TD ( ) Delete  
Name: SHALL, MARTIN  
Address: 303 PAUONIM RD.  
City-St-Zip: NOKOMIS, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT CORY

PD

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date