2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# 716783

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: VD (X) Change ( ) Addition
Name: COHEN, DAVID
Address: 2750 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

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

Title: TD (X) Change ( ) Addition
Name: COHEN, DAVID
Address: 2750 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

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 02/27/2008

Electronic Signature of Signing Officer or Director — Date