2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716783

FILED Apr 29, 2009 Secretary of State

Entity Name: SARASOTA COUNTY INDIAN GUIDES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
4003 MES SARASO1	A AVE ΓΑ, FL 34233	US		
Current Mailing Address:		New Mailing Address:		
4003 MES SARASO1	A AVE TA, FL 34233	US		
FEI Number	: 59-1783115	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
CORY, RO 4003 MES SARASO1		US		
	e named entity s e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
in the Stat	e of Florida. RE:	ic Signature of Registered Ag	ent	Date
in the Stati SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete Y	ent	Date
in the Stat	e of Florida. RE: Electron S AND DIREC PD () ROBERT, COR' 4003 MESA AVI SARASOTA, FL	ic Signature of Registered Ag TORS: Delete Y POINT RD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS
in the Stati SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC* PD () ROBERT, COR' 4003 MESA AVI SARASOTA, FL VD () COHEN, DAVID 2750 STICKNE' SARASOTA, FL	ic Signature of Registered Ag TORS: Delete Y E 34233 Delete Y POINT RD 34231 Delete T E	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS () Change () Addition

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 04/29/2009