


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 721656
 1. Entity Name
SARASOTA BAY POST # 30, INC.



Principal Place of Business Mailing Address
 2344 FLOYD ST P.O. BOX 86
 SARASOTA, FL 34239 SARASOTA, FL 34237

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02102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6200368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 EMBARTEN, LARRY
 3190 BELLEVUE ST
 SARASOTA, FL 34237

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EMBARTON, LARRY 3190 BELLEVUE ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYWATER, SONNY 4915 N LOCKWOOD RIDGE RD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ KERWOOD, JOYCE 1637 BAYSHORE RD NOKOMIS, FL 342751411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIER, LEONARD 2349 FLOYD ST SARASOTA, FL 342392418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/02/07-80020-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard Grier* *Leonard Grier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 (941) 955-1484
Date Daytime Phone #