


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT.# 721656 1. Entity Name SARASOTA BAY POST # 30, INC.			
Principal Place of Business 2344 FLOYD ST SARASOTA FL 34239		Mailing Address P.O. BOX 86 SARASOTA FL 34237	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EMBARTEN, LARRY 3190 BELLEVUE ST SARASOTA FL 34237		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **59-6200368** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD EMBARTON, LARRY <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3190 BELLEVUE ST	NAME	
STREET ADDRESS	SARASOTA FL 34237	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BYWATER, SONNY <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	4915 N LOCKWOOD RIDGE RD	NAME	
STREET ADDRESS	SARASOTA FL 34234	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ADJ KERWOOD, JOYCE <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1637 BAYSHORE RD	NAME	
STREET ADDRESS	NOKOMIS FL 34275-1411	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T GRIER, LEONARD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2349 FLOYD ST	NAME	
STREET ADDRESS	SARASOTA FL 34239-2418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: *Leonard G. Grier* Leonard G. Grier 3/4/08 (941) 955-1484