FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723100 (4)

1. Corporation Name
THE UNIVERSITY OF SARASOTA FOUNDATION, INC.

Principal Place of Business	Mailing Address
5250 17TH ST. SUITE 3 SARASOTA FL 34235	5250 17TH ST. SUITE 3 SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1971
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1283554 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M. ESQUIRE
1800 SECOND STREET
SUITE 775
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	Chairman ☐ Change ☒ Addition
NAME	ADAMS, RICHARD T	12 NAME	Raymond M. Neff
STREET ADDRESS	5394 EVERWOOD RUN	13 STREET ADDRESS	3924 Spy Glass Hill
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL
	Delete		
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, LESLIE	22 NAME	
STREET ADDRESS	599 SOUTHWEST 15TH RD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MANGUM, RONALD S.	32 NAME	
STREET ADDRESS	35 WACKER DR #2130	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	KITCHING, RUSSELL T	42 NAME	
STREET ADDRESS	1107 78TH ST N.W.	43 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, ARNOLD E	52 NAME	
STREET ADDRESS	4687 CHANDLERS FORDE	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE	Vice-Chairman & Treasurer	61 TITLE	☐ Change ☐ Addition
NAME	Michael C. Markovitz (add)	62 NAME	
STREET ADDRESS	c/o University Hosp	63 STREET ADDRESS	
CITY-ST-ZIP	5116 N. Kedzie Ave, 60625 Chicago IL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ned B. Wilson Ned B. Wilson, CEO 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083887