

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725691 (0)**

1. Corporation Name  
**MEMORIAL SOCIETY OF SARASOTA, INC.**



Principal Place of Business <b>1923 HIBISCUS STREET (34239) BOX 15833 SARASOTA FL 34277</b>	Mailing Address <b>1923 HIBISCUS STREET (34239) BOX 15833 SARASOTA FL 34277-1833</b>
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3. Date Incorporated or Qualified <b>03/01/1973</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>23-7205156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**EDWARDS, NANCIE I  
1923 HIBISCUS STREET  
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUNDELIUS, MARY ELLEN</b>	
STREET ADDRESS	<b>9714 HERNANDO COURT</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CROWE, LEALON SR.</b>	
STREET ADDRESS	<b>3136 GULF GATE DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OHNO, WILLIAM</b>	
STREET ADDRESS	<b>874 BAYPORT CIRCLE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, NANCIE I</b>	
STREET ADDRESS	<b>1923 HIBISCUS STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GODELSKY, STANLEY</b>	
STREET ADDRESS	<b>6500 MIDNIGHT PASS ROAD, #1010</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OVERMYER, RICHARD P</b>	
STREET ADDRESS	<b>3166 REGATTA CR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GODELSKI, STANLEY</b>	
1.3 STREET ADDRESS	<b>6300 MIDNIGHT PASS RD # 1010</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34742</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MI EDWARD WHITE</b>	
5.3 STREET ADDRESS	<b>426 ACACIA DRIVE</b>	
5.4 CITY-ST-ZIP	<b>SARASOTA, FLA 34234</b>	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LEED, THEODORE</b>	
6.3 STREET ADDRESS	<b>174 SORRENTO WOODS BLV.</b>	
6.4 CITY-ST-ZIP	<b>NOKOMIS, FL. 34775</b>	

14. I do hereby certify that the information supplied with this filing 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: *M. Edward White* M. EDWARD WHITE 3-28-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084180

CR2E037 (9/96)