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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1923 HIBISCUS STREET (34239) BOX 15833 SARASOTA FL 34277	Mailing Address 1923 HIBISCUS STREET (34239) BOX 15833 SARASOTA FL 34277
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3. Date Incorporated or Qualified 03/01/1973	Applied For
4. FEI Number 23-7205156	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
FL 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	P	<input type="checkbox"/> DELETE
NAME	GODLESKI, STANLEY	
STREET ADDRESS	6300 MIDNIGHT PARSS RD #1010	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CROWE, LEALON SR.	
STREET ADDRESS	3136 GULF GATE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OHNO, WILLIAM	
STREET ADDRESS	874 BAYPORT CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	EDWARDS, NANCIE I	
STREET ADDRESS	1923 HIBISCUS STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, EDWARD	
STREET ADDRESS	426 ACACIA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEEO, THEODORE	
STREET ADDRESS	1174 SORRENTO WOODS BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D MOORE, HUGH
3.3 STREET ADDRESS	7440 MARIANA DR
3.4 CITY-ST-ZIP	SARASOTA, FL 34231
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Edward White - Treasurer* 2-11-98 941-355-3577

CR2E037 (10/97)