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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

DOCUMENT # **731835** **(5)**

1. Corporation Name
THE FLORIDA HOUSE FOUNDATION OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2477 STICKNEY PT. RD. SUITE 114-A SARASOTA FL 34231	2477 STICKNEY PT. RD. SUITE 114-A SARASOTA FL 34231

3. Date Incorporated or Qualified: 02/10/1975

4. FEI Number: 56-1608033 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSBORN, W. TERRY
2477 STICKNEY POINT ROAD
SUITE 114-A
SARASOTA FL 34231

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUDLEY, SUE		1.2 NAME		
STREET ADDRESS	1464 LEMON BAY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAILER, DICK		2.2 NAME		
STREET ADDRESS	5836 HELEN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OSBORN, TERRY		3.2 NAME		
STREET ADDRESS	2477 STICKNEY POINT RD., #114-A		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FRANK F		4.2 NAME		
STREET ADDRESS	330 S. PINEAPPLE AVE., STE. 206		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROWND, HARRY		5.2 NAME		
STREET ADDRESS	5504 BENEVA WOODS CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PHYLLIS		6.2 NAME		
STREET ADDRESS	3178 REGATTA CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Richard M. Hailer 2/9/98 (941)927-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062943