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FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736090 (2)

1. Corporation Name

VOLUNTEER CENTER OF SARASOTA, INC.



Principal Place of Business

Mailing Address

1750 17TH STREET #C3
SARASOTA FL 342341750 17TH STREET #C3
SARASOTA FL 34234-86663. Date Incorporated or Qualified
06/14/19763a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

59-1375442

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MARY L. FERRARA

82 Street Address (P.O. Box Number is Not Acceptable)

330 S. Pineapple Avenue

83

Ste 106

84 City

Sarasota

FL

85 Zip Code

34236

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

Mary L. Ferrara MARY L. FERRARA

1-14-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

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1.34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition1.5 CITY-ST-ZIP ☐ Change ☐ Addition1.6 CITY-ST-ZIP ☐ Change ☐ Addition1.7 CITY-ST-ZIP ☐ Change ☐ Addition1.8 CITY-ST-ZIP ☐ Change ☐ Addition1.9 CITY-ST-ZIP ☐ Change ☐ Addition1.10 CITY-ST-ZIP ☐ Change ☐ Addition1.11 CITY-ST-ZIP ☐ Change ☐ Addition1.12 CITY-ST-ZIP ☐ Change ☐ Addition1.13 CITY-ST-ZIP ☐ Change ☐ Addition1.14 CITY-ST-ZIP ☐ Change ☐ Addition1.15 CITY-ST-ZIP ☐ Change ☐ Addition1.16 CITY-ST-ZIP ☐ Change ☐ Addition1.17 CITY-ST-ZIP ☐ Change ☐ Addition1.18 CITY-ST-ZIP ☐ Change ☐ Addition1.19 CITY-ST-ZIP ☐ Change ☐ Addition1.20 CITY-ST-ZIP ☐ Change ☐ Addition1.21 CITY-ST-ZIP ☐ Change ☐ Addition1.22 CITY-ST-ZIP ☐ Change ☐ Addition1.23 CITY-ST-ZIP ☐ Change ☐ Addition1.24 CITY-ST-ZIP ☐ Change ☐ Addition1.25 CITY-ST-ZIP ☐ Change ☐ Addition1.26 CITY-ST-ZIP ☐ Change ☐ Addition1.27 CITY-ST-ZIP ☐ Change ☐ Addition1.28 CITY-ST-ZIP ☐ Change ☐ Addition1.29 CITY-ST-ZIP ☐ Change ☐ Addition1.30 CITY-ST-ZIP ☐ Change ☐ Addition1.31 CITY-ST-ZIP ☐ Change ☐ Addition1.32 CITY-ST-ZIP ☐ Change ☐ Addition1.33 CITY-ST-ZIP ☐ Change ☐ Addition1.34 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mary L. Ferrara MARY L. FERRARA 1-14-97 941-366-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063142

CR2E037 (9/96)