

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90024 028 ****70.00

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DOCUMENT # 736090

1. Corporation Name

VOLUNTEER CENTER OF SARASOTA, INC.

Principal Place of Business

1750 17TH STREET #C3
SARASOTA FL 34234

Mailing Address

1750 17TH STREET #C3
SARASOTA FL 34234



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/14/1976

4. FEI Number

59-1375442

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

9. Name and Address of Current Registered Agent

ADAMS, JACQUELINE F
1750 17TH STREET C-3
SARASOTA FL 34234

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME WEBEL, GLORIA
STREET ADDRESS 6742 ASHLEY CT
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME MATTHYS, MARGARET
STREET ADDRESS 5892 WILSHIRE BLVD
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE P
NAME ZAHN, TOM
STREET ADDRESS 4171 ROBERT POINTE CIRCLE
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME WALKER, KATHLEEN
STREET ADDRESS 1590 1ST ST
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE T
NAME FERRARA, MARY
STREET ADDRESS 330 S PINEAPPLE AVE
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME AZAR, GUY
STREET ADDRESS PO BOX 2036 NA
CITY-ST-ZIP SARASOTA FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V P
1.2 NAME TOM GILES
1.3 STREET ADDRESS 4841 PALM AIRE DR
1.4 CITY-ST-ZIP SARASOTA, FL 34243

Change

Addition

2.1 TITLE DR JOHN SYSTER
2.2 NAME 1031 S. EUCLID AVE
2.3 STREET ADDRESS SARASOTA, FL 34237
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE KATHLEEN TOALE
3.2 NAME 40 N. ORANGE AVE
3.3 STREET ADDRESS SARASOTA, FL 34236
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE BERTHA LUMPKIN
4.2 NAME 700 RINGLING BLVD.
4.3 STREET ADDRESS SARASOTA, FL
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 941/953/5965

CR2E037 (11/98)