
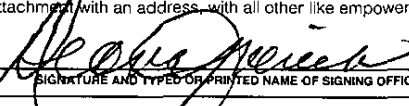


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90169 008 ****61.25

DOCUMENT # 736090 1. Entity Name VOLUNTEER CONNECTIONS OF SARASOTA COUNTY, INC.					
Principal Place of Business 7810 S. TAMiami TR SUITE A-5 VENICE, FL 34293			Mailing Address 7810 S. TAMiami TR SUITE A-5 VENICE, FL 34293		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1375442	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRENCH, DIANA 1485 POINCIANA ROAD VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PD <input type="checkbox"/> Delete NAME BELSHAM, MICHAEL STREET ADDRESS 4145 PALAU CITY-ST-ZIP SARASOTA, FL 34241		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> Delete NAME MORLEY, BONNIE STREET ADDRESS 338 LAUREL HOLLOW DRIVE CITY-ST-ZIP NOKOMIS, FL 34275		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input checked="" type="checkbox"/> Delete NAME ROGERS, DEWELLA STREET ADDRESS 900 RIVIERA ST. CITY-ST-ZIP VENICE, FL 34285		TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Donnelly, William STREET ADDRESS 149 Southampton Pl CITY-ST-ZIP Venice, FL 34293			
TITLE PD <input checked="" type="checkbox"/> Delete NAME SHORT, BETTY STREET ADDRESS 3267 MEADOWS RUN DR CITY-ST-ZIP VENICE, FL 34293		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Helmuth, Larry STREET ADDRESS 7445 Sanderling Rd. CITY-ST-ZIP Sarasota, FL 34242			
TITLE D <input checked="" type="checkbox"/> Delete NAME COFFEY, MO STREET ADDRESS 235 ST. JAMES PARK CITY-ST-ZIP OSPNEY, FL 34229		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kurvin, Stephen STREET ADDRESS 7 South Lime Ave. CITY-ST-ZIP Sarasota, FL 34237			
TITLE VDP <input checked="" type="checkbox"/> Delete NAME GILES, TOM STREET ADDRESS 4841 PALM AIRE DRIVE CITY-ST-ZIP SARASOTA, FL 34243		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Morris, Betty STREET ADDRESS 5784 Ferrara Drive CITY-ST-ZIP Sarasota, FL 34238			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/22/03 941.496.8466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94068993

