FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:42

DOCUMENT # 736090 (2)

1. Corporation Name
VOLUNTEER CENTER OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1750 17TH STREET #C3 SARASOTA FL 34234	1750 17TH STREET #C3 SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1976
3a. Date of Last Report: 04/28/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WALKER, KATHLEEN
1590 1ST ST
SARASOTA FL 34236

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 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	SAME	☐ Change ☐ Addition
NAME	WEBEL, GLORIA	1.2 NAME		
STREET ADDRESS	6742 ASHLEY CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	VICE-PRES	☒ Change ☐ Addition
NAME	MATTHYS, MARGARET	2.2 NAME		
STREET ADDRESS	5892 WILSHIRE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	SEC	☒ Change ☐ Addition
NAME	HOUSEWORTH, GARY	3.2 NAME	BAILEY, CINDY	
STREET ADDRESS	8111 S DENEVA RD	3.3 STREET ADDRESS	1219 EAST AVENUE S	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	DP	4.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	MCCORMICK, JACKIE	4.2 NAME	WALKER, KATHLEEN	
STREET ADDRESS	3213 GULF GATE DR	4.3 STREET ADDRESS	1590 1ST STREET	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KELLEY, BRYAN	5.2 NAME	FERRARA, MARY	
STREET ADDRESS	1960 LANDINGS BLVD, 101	5.3 STREET ADDRESS	330 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	6.1 TITLE	SAME	☐ Change ☐ Addition
NAME	AZAR, GUY	6.2 NAME		
STREET ADDRESS	PO BOX 2036 NA	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathleen R. Walker, TREAS. 1/23/95 (813) 366-6380
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN R. WALKER

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