
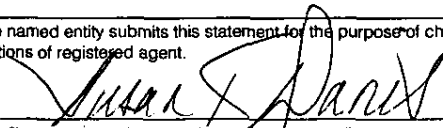
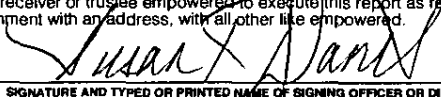


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90237 037 \*\*\*\*70.50

<b>DOCUMENT # 741151</b> 1. Entity Name <b>SARASOTA PROFESSIONAL ARTS ALLIANCE, INC.</b>					
Principal Place of Business <b>1241 N. PALM AVE. SARASOTA, FL 34236</b>			Mailing Address <b>1241 N. PALM AVE. SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>61 North Pineapple Ave.</b>		3. Mailing Address <b>61 North Pineapple Ave.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sarasota, Florida</b>		City & State <b>Sarasota, Florida</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>34236</b> Country <b>Sarasota</b>		Zip <b>34236</b> Country <b>Sarasota</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACOBSEN, JOHN 1241 N. PALM AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Susan T. Danis</b> Street Address (P.O. Box Number is Not Acceptable) <b>61 North Pineapple Avenue</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>		
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  <b>Susan T. Danis</b> <b>4/22/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSEN, JOHN 1241 N. PALM AVE. SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebecca Langford 1241 N. Palm Ave. Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, JOE 709 N TAMIAMI SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra Lightfoot 330 South Pineapple Ave. Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERDES, DONNA 5555 N TAMIAMI TRAIL SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Degabriele 5555 N. Tami Trail Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWARREN, ROBERT 5555 N TAMIAMI TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George McLain 1345 Main St. Ste E Sarasota, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOE 1345 MAIN ST STE E SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George McLain 1345 Main St. Ste E Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIS, SUSAN 61 N PINEAPPLE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susan T. Danis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>Susan T. Danis</b>			<b>4/22/04</b> <b>941360-8450</b> <small>Date Daytime Phone #</small>		