2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 741151

1. Entity Name
SARASOTA PROFESSIONAL ARTS ALLIANCE, INC.

Principal Place of Business	Mailing Address
61 N. PINEAPPLE AVE SARASOTA, FL 34236	61 N. PINEAPPLE AVE SARASOTA, FL 34236

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03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIS, SUSAN T
61 N. PINEAPPLE AVE
SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANGFORD, REBBECCA
STREET ADDRESS	1241 N. PALM AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	MCKENNA, JOE
STREET ADDRESS	709 N TAMIAMI
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	DEGABRIELE, LINDA
STREET ADDRESS	5555 N TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	DEWARREN, ROBERT
STREET ADDRESS	5555 N TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	MCLAIN, GEORGE
STREET ADDRESS	1345 MAIN ST STE E
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PD
NAME	DANIS, SUSAN T
STREET ADDRESS	61 N PINEAPPLE
CITY-ST-ZIP	SARASOTA, FL 34236

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03/28/05-80062-008 70.00

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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: Susan T Danis 3/23/05 941-366-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #