

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90180 007 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 743625

1. Corporation Name

THE WORLD'S ATTIC, INC.

Principal Place of Business

3737 BAHIA VISTA
SARASOTA FL 34232
US

Mailing Address

3737 BAHIA VISTA
SARASOTA FL 34232
US



2. Principal Place of Business

21 *Same as above*

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 *S/a*

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/18/1978

4. FEI Number

59-1852699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOOP, SUSAN
3737 BAHIA VISTA
SARASOTA FL 34232

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 ☐ DELETE

TITLE PD
NAME NISSLY, SUE
STREET ADDRESS 2881 SARASOTA GULF CLUB BLVD
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME TROYER, KATHY
STREET ADDRESS 201 JACOBS RD
CITY-ST-ZIP SARASOTA FL

TITLE PD
NAME BEACHEY, VERDA
STREET ADDRESS 1303 QUAIL RUN TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE TD
NAME MILLER, ELIZABETH
STREET ADDRESS 2052 OLENTARY WAY
CITY-ST-ZIP SARASOTA FL

TITLE SD
NAME MARTIN, ALICE
STREET ADDRESS 2735 AMANDA DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *Chairperson of Board* ☒ Change ☐ Addition
1.2 NAME *Nissly, Sue*
1.3 STREET ADDRESS *2881 Gulf Club Blvd.*
1.4 CITY-ST-ZIP *Sarasota, FL*

2.1 TITLE *Vice Chairperson* ☐ Change ☒ Addition
2.2 NAME *Elwood Culp*
2.3 STREET ADDRESS *1989 Wood Hollow Ln.*
2.4 CITY-ST-ZIP *Sarasota, FL 34235*

3.1 TITLE *Delegate* ☐ Change ☒ Addition
3.2 NAME *Lee Hochstetter*
3.3 STREET ADDRESS *1216 Oak Trace Pr.*
3.4 CITY-ST-ZIP *Sarasota, FL*

4.1 TITLE *Delegate* ☐ Change ☒ Addition
4.2 NAME *Markene Kurtz*
4.3 STREET ADDRESS *3907 Lemonwood Dr.*
4.4 CITY-ST-ZIP *Sarasota, FL 34232*

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

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

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

4/30/99 941-362-2729
Date Daytime Phone #

CR2E037 (11/98)