

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749965

FILED
Feb 21, 2008
Secretary of State

Entity Name: COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

2635 FRUITVILLE ROAD
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49587
SARASOTA, FL 342306587 US

New Mailing Address:

FEI Number: 59-1956886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, STEWART W
2635 FRUITVILLE ROAD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHEDIVY, JAMES E
Address: TECH PARK 11, 101 ARTHUR ANDERSON PKWY
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: MASCIO, GINA
Address: 4906 OLD CREEK DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: V () Delete
Name: WETHERINGTON, LEE
Address: 500 S. PALM
City-St-Zip: SARASOTA, FL 34236

Title: C () Delete
Name: LARUSSO, SOPHIA
Address: 4888 TIVOLLI AVE
City-St-Zip: SARASOTA, FL 34235

Title: P () Delete
Name: STEARNS, STEWART
Address: 2635 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWART W. STEARNS

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date