

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756777 (9)

1. Corporation Name

YMCA FOUNDATION OF SARASOTA, INC.



Principal Place of Business

Mailing Address

C/O WAYNE F SEITL
1084 S. BRIGGS AVE
SARASOTA FL 34237
US

C/O WAYNE F SEITL
1084 S. BRIGGS AVE.
SARASOTA FL 34237
US

2. Principal Place of Business

2a. Mailing Address

21 1084 South Briggs Ave.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28 City & State

Zip Country

Zip Country

24 34237

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEITL, WAYNE F.
240 N. WASHINGTON BLVD., #460
SARASOTA FL 34236

81 Name **John Berteau/Williams, Parker et al**
82 Street Address (P.O. Box Number is Not Acceptable)
1550 Ringling Blvd.
83
84 City **SARASOTA** FL 85 Zip Code **34236**

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

John Berteau

3/13/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GUSTAFSON, KARIN E.**
STREET ADDRESS **4903 CORAL BLVD**
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **GEIMER, LARRY**
STREET ADDRESS **1390 MAIN ST, #490**
CITY-ST-ZIP **SARASOTA, FL 00000**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **GEIMER, LARRY**
2.4 CITY-ST-ZIP **1515 RINGLING, STE. 1100**
SARASOTA, FL 34236

TITLE **VCD** ☐ DELETE
NAME **DRABIK, ROBERT F**
STREET ADDRESS **2900 S TAMAMI TRAIL**
CITY-ST-ZIP **SARASOTA, FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **CD**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ANGELOTTI, RICHARD H**
STREET ADDRESS **1605 MAIN ST., STE 800**
CITY-ST-ZIP **SARASOTA, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KANE, JANET**
STREET ADDRESS **539 NORSOTA WAY**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **SD**
6.3 STREET ADDRESS **CAPLAN, BONNIE**
6.4 CITY-ST-ZIP **7410 PEARLBUSH LANE**
SARASOTA, FL 34241

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARIN E. GUSTAFSON

3/12/96

(941) 951-1336

Date

Daytime Phone #

CR2E037 (12/95)