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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756777** (9)

1. Corporation Name

YMCA FOUNDATION OF SARASOTA, INC.

Principal Place of Business

**1084 S BRIGGS AVE
1084 S. BRIGGS AVE
SARASOTA FL 34237
US**

Mailing Address

**C/O WAYNE F SEITL
1084 S. BRIGGS AVE.
SARASOTA FL 34237-8133
US**



3. Date Incorporated or Qualified
03/13/1981

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-2115288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN BERTEAU/WILLIAMS PARKER ET AL
1550 RINGLING BLVD
SARASOTA FL 34236**

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's signature required when resigning)

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
2.3 STREET ADDRESS **1515 RINGLING BLVD #890**
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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 **VCD** ☐ DELETE
NAME **KANE, JANET**
STREET ADDRESS **539 NORSOTA WAY**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **SD** ☐ DELETE
NAME **CAPLAN, BONNIE**
STREET ADDRESS **7410 PEARLBUSH LANE**
CITY-ST-ZIP **SARASOTA FL**

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

14. I do 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.

SIGNATURE

Karin E. Gustafson
KARIN E. GUSTAFSON
3/11/97

CR2E037 (9/96)