

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90001 043 ****61.25

283549 - 90001 - 43

DOCUMENT # 756777

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/13/1981

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

9. Name and Address of Current Registered Agent

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

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

TITLE PD ☐ DELETE

NAME GUSTAFSON, KARIN E.

STREET ADDRESS 4903 CORAL BLVD

CITY-ST-ZIP BRADENTON FL

TITLE CD ☐ DELETE

NAME GEIMER, LARRY

STREET ADDRESS 1515 RINGLING BLVD 890

CITY-ST-ZIP SARASOTA, FL 00000

TITLE CD ☒ DELETE

NAME DRABIK, ROBERT F

STREET ADDRESS 2900 S TAMiami TRAIL

CITY-ST-ZIP SARASOTA, FL 00000

TITLE CD ☐ DELETE

NAME WALTERS, G. DAVID

STREET ADDRESS NATIONS BANK, P. O. BOX 4295

CITY-ST-ZIP SARASOTA FL 34230

TITLE VCD ☐ DELETE

NAME KANE, JANET

STREET ADDRESS 539 NORsOTA WAY

CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME CAPLAN, BONNIE

STREET ADDRESS 7410 PEARLBUSH LANE

CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE T/Tr ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VC/Tr ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE MENELL, NORMAN ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE C/Tr ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VC/Tr ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE S/Tr ☒ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 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:

Walter G. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 941-951-1336
Date Daytime Phone #

CRJ037 (1/98)