FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

| City & State Country Country Country S. This corporation has liability for intangible tax under s. 199.032, | DOCUN 1. Corporation | MENT # 761588 | (3) | | | | | | | |
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| Mailing Address Mailing Address Sufficient Suffic | SARASOTA COUNTY VETERANS COMMISSION, INC. | | | | | | | | | |
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| Sulfo, Apr. 9, etc. Sulfo, Apr. 9, etc. | 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | |
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| City & State 20 | Suite, Apt. (| #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | PM / ' | | |
| 270 20 29 20 20 20 20 20 2 | | | City & State | | | | | | | |
| Pion | 23 | | | I ci | | | | Add | | |
| 9. Name and Address of Current Registered Agent 8. Name ANGEL, LARRY SUTTE 403 411 BEE RIDGE RD. SARASOTA FL 39233 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Royald 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 Product Societions of Societies 617.0502 and 617.1508, Royald 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 Product Societies Control of Societies (Scharter Village Control of Societies Societies Control of Societies (Scharter Village Control of Societies Societies Control of Societies (Scharter Village Control of Societies Societies Control of Societies (Scharter Village Control of Societies Societies (Scharter Village Control of Societies Societies Village Control of Societies Village Village Control of Societies Village Vill | Zip 24 | | | - | | | | | | |
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| ### 411 BEE RIDGE RD. ### A11 BEE RIDGE RD. ### A2333 ### City #### City ### City #### City ### City #### City #### City #### City #### City ##### City # | • | | | | 81 Name | | | | | |
| ### Addition ### A | ANGEL, LARRY | | | ł | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SARASOTA FL STD OARTER, JOHN L STRET ADDRESS CITY-ST-ZP ITHE MAKE STRET ADDRESS CITY-ST-ZP ADDRESS ADDRESS MAKE ADDRESS CITY-ST-ZP ADDRESS ADDRESS ADDRESS MAKE ADDRESS CITY-ST-ZP ADDRESS ADDRESS ADDRESS MAKE ADDRESS CITY-ST-ZP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | 44 | | | - 1 | 82 | | | | | |
| TI. Fursion to the provisions of Sections 617,0502 and 617,1508, Florids Stanules, the above-named corporation submits this statement for the purpose of changing its registered office registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered directors. The appointment as addition. The appointment as registered directors. The appoi | | | | | 63 | | | | | |
| 11. Pursuant to the processors of Sections 617,0502 and 617,1509, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered affice or registered agent, or both, in the State of Florida Sun Anange 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 Statuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS 14. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 PD BYWATERS, ARTHUR 12. NAME 12. NAME PD BYWATERS, ARTHUR 13. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 14. ITILE PD BYWATERS, ARTHUR 15. NAME 16. STEE ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 16. STEE ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 17. STEE ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 18. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICER IS AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICE IS AND THE CHANGES TO OFFICE IS AN | SAHASUTA PL 39233 | | | [| 84 City | | | FL 85 | Zip Code | |
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| 12. OFFICERS AND DIFECTORS TILE PD STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE 14 TITLE DELETE 15 TITLE DELETE 16 TITLE DELETE 17 TITLE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 18 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 18 STREET ADDRESS CITY-ST-ZIP | or register familiar wit | ed agent, or both, in the State of Florid: th, and accept the obligations of, Section | a. Such change was authorize on 617.9503, Florida Statutes. | d by the c | orporation's | s board | of directors. I hereby accept the appoi | ntment as registere | ed agent. I am | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICE HIS AND DIRECTORS IN 17 TILLE PD BYWATERS, ARTHUR SIRRET ADDRESS 4411 BEE RIDGE RD. STE. 403 13. SHRET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 14. DIY-ST-ZIP STD DELETE 31 TILLE CARTER, JOHN L 3015 SILK OAK DRIVE 22 SINEET ADDRESS CITY-ST-ZIP STD DELETE 33 TILLE 33 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34 CITY-ST-ZIP SARASOTA FL 35 SIREET ADDRESS CITY-ST-ZIP SARASOTA FL DELETE 36 CITY-ST-ZIP TITLE DELETE 37 TILLE DELETE 38 SIREET ADDRESS 44 CITY-ST-ZIP TITLE DELETE 51 TILLE DELETE 52 NAME 53 SIREET ADDRESS 44 CITY-ST-ZIP TITLE DELETE 53 SIREET ADDRESS 44 CITY-ST-ZIP TITLE DELETE 51 TILLE DELETE 52 NAME 53 SIREET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 53 SIREET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 53 SIREET ADDRESS 54 CITY-ST-ZIP ADDRESS 54 CITY-ST-ZIP ADDRESS 55 SIREET ADDRESS 56 CITY-ST-ZIP ADDRESS 57 SIREET ADDRESS 58 SIREET ADDRESS 58 SIREET ADDRESS 58 SIREET ADDRESS 58 SIREET ADDRESS 59 SIREET ADDRESS 59 SIREET ADDRESS 51 SIREET ADDRESS 51 SIREET ADDRESS 51 SIREET ADDRESS 54 CITY-ST-ZIP ADDRESS 54 CITY-ST-ZIP ADDRESS 55 SIREET ADDRESS 56 CITY-ST-ZIP ADDRESS 57 SIREET ADDRESS 58 SIREET ADDRESS 58 SIREET ADDRESS 58 SIREET ADDRESS 59 SIREET ADDRESS 51 SIREET ADDRESS 51 SIREET ADDRESS 51 SIREET ADDRESS 54 CITY-ST-ZIP ADDRESS 55 SIREET ADDRESS 56 CITY-ST-ZIP ADDRESS TY-ST-ZIP ADDRESS TY-ST-Z | SIGNATURE . | Lun any | | | Lar | 14 | Angel 3 | 114/9 | 6 | |
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| | | I py certify that the information supplied v | vith this filing is voluntarily furn | | | Jalify fo | r the exemption stated in Section 119.0 | 07(3)(k), Florida Sta | | |

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 TYPES OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

5-/14/96 941-123-4827
Deter Phone:

CR2E037 (12/95)