

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 # 763627 (7)

1. Corporation Name

SARASOTA VISUAL ART CENTER, INC.



Principal Place of Business

Mailing Address

707 N. TAMiami TRAIL
SARASOTA FL 34236
US

707 N. TAMiami TRAIL
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
06/09/1982

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALACE, IRVING
1212 BEN FRANKLIN DRIVE
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SHAPIRO, SAMUEL**
STREET ADDRESS **1105 GULF OF MEXICO DR.**
CITY-STATE-ZIP **LONGBOAT KEY FL**

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

TITLE **MD** ☐ DELETE
NAME **MULLER, MAX**
STREET ADDRESS **6902 STETSON ST CIR**
CITY-STATE-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **T** ☐ DELETE
NAME **PALACE, IRVING**
STREET ADDRESS **1212 BEN FRANKLIN DR.**
CITY-STATE-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **STEVENS, DOROTHY**
STREET ADDRESS **888 BLVD. OF THE ARTS**
CITY-STATE-ZIP **SARASOTA FL**

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

TITLE **P** ☐ DELETE
NAME **MEYRICK, CHARLES**
STREET ADDRESS **8255 SHADOW PINE WAY**
CITY-STATE-ZIP **SARASOTA FL**

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

TITLE ☐ DELETE
NAME **JUNE GORDON**
STREET ADDRESS **3962 COUNTRY VIEW DRIVE**
CITY-STATE-ZIP **SARASOTA FL 34233**

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

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:

Irving Palace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96
Date

914 365 2020
Daytime Phone #

CR2E037 (12/95)