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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

707 N. TAMiami TRAIL
SARASOTA FL 34236
US

Mailing Address

707 N. TAMiami TRAIL
SARASOTA FL 34236-4050
US

3. Date Incorporated or Qualified
06/09/1982

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
NOT APPLICABLE

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

PALACE, IRVING
1212 BEN FRANKLIN DRIVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Davidson Gigliotti

82 Street Address (P.O. Box Number is Not Acceptable)

1622 Laurel Street

83 City

Sarasota, FL 34236

84 City

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

(NOT: Registered Agent signature required when re-registering)

DATE

3/13/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GORDON, JUNE
STREET ADDRESS 3902 COUNTRY VIEW DR
CITY-ST-ZIP SARASOTA FL

TITLE MD ☒ DELETE

NAME MULLER, MAX
STREET ADDRESS 8802 STETSON ST CIR
CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE

NAME PALACE, IRVING
STREET ADDRESS 1212 BEN FRANKLIN DR.
CITY-ST-ZIP SARASOTA FL

TITLE SD ☒ DELETE

NAME STEVENS, DOROTHY
STREET ADDRESS 888 BLVD. OF THE ARTS
CITY-ST-ZIP SARASOTA FL

TITLE P ☐ DELETE

NAME MEYRICK, CHARLES
STREET ADDRESS 8255 SHADOW PINE WAY
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MD ☒ Change ☐ Addition

Davidson Gigliotti
1622 Laurel Street

Sarasota, FL 34236 ☒ Change ☐ Addition

Retired

SD ☒ Change ☐ Addition

Glueck, Shirlee
988 Blvd. of the Arts
Sarasota, FL 34236

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

CR2E037 (9/96)