


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GIGLIOTTI, DAVIDSON
1622 LAUREL STREET
SARASOTA FL 34236**

3. Date Incorporated or Qualified

06/09/1982

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 for 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 **VICE PRESIDENT** ☐ DELETE
NAME **GORDON, JUNE**
STREET ADDRESS **3962 COUNTRY VIEW DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **EXECUTIVE DIRECTOR (CO)** ☐ DELETE
NAME **GIGLIOTTI, DAVIDSON**
STREET ADDRESS **1622 LAUREL STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ 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 **PRESIDENT** ☐ 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 **EXECUTIVE DIRECTOR (CO)** ☐ Change ☒ Addition
2.2 NAME **SUMMERS, ELAINE**
2.3 STREET ADDRESS **1622 LAUREL STREET**
2.4 CITY-ST-ZIP **SARASOTA, FL 34236**

3.1 TITLE **TREASURER** ☐ Change ☒ Addition
3.2 NAME **Allyn Gallup**
3.3 STREET ADDRESS **2850 Gulf Of Mexico #1**
3.4 CITY-ST-ZIP **Sarasota, FL 34228**

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition
4.2 NAME **B. J. Mangrum**
4.3 STREET ADDRESS **540 Bay Isles Rd. Longboat Key, FL**
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

CR2E037 (10/97)