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NONPROFIT  
-CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 763627

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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/09/1982

4. FEI Number

59-0706841

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

GIGLIOTTI, DAVIDSON  
1622 LAUREL STREET  
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 ☒ D-S ☐ DELETE

NAME GORDON, JUNE  
STREET ADDRESS 3962 COUNTRY VIEW DR  
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ DELETE

NAME GIGLIOTTI, DAVIDSON  
STREET ADDRESS 1622 LAUREL STREET  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ DELETE

NAME SUMMERS, ELAINE  
STREET ADDRESS 1622 LAUREL STREET  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ DELETE

NAME GALLUP, ALLYN  
STREET ADDRESS 2850 GULF OF MEXICO #1  
CITY-ST-ZIP SARASOTA FL 34228

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME MANGRUM, B. J.  
STREET ADDRESS 540 BAY ISLES ROAD  
CITY-ST-ZIP LONGBOAT KEY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME SAM SHAPIRO  
STREET ADDRESS 535 SANCTUARY, #C707  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

2.1 TITLE ☐ Change ☐ Addition

NAME BILL GORDON  
STREET ADDRESS 3962 COUNTRY VIEW DR  
CITY-ST-ZIP SARASOTA, FL 34233

3.1 TITLE ☐ Change ☐ Addition

NAME HARRY ADLEY  
STREET ADDRESS 1620 MAIN ST  
CITY-ST-ZIP SARASOTA, FL 34236

4.1 TITLE ☐ Change ☐ Addition

NAME LESLIE AHLANDER  
STREET ADDRESS 601 VENICE LANE  
CITY-ST-ZIP SARASOTA, FL 34242

5.1 TITLE ☐ Change ☐ Addition

NAME TERRY BARNES  
STREET ADDRESS 1325 S PORTOFINO DR #306  
CITY-ST-ZIP SARASOTA, FL 34242

6.1 TITLE ☐ Change ☐ Addition

NAME JAMIE FRIEDLI  
STREET ADDRESS 2341 TANGERINE DR  
CITY-ST-ZIP SARASOTA, FL 34239

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

3/22/99

CR2E037 (11/98)