

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763627

FILED  
May 01, 2009  
Secretary of State

Entity Name: ART CENTER SARASOTA, INC.

## Current Principal Place of Business:

707 N. TAMIAMI TRAIL  
SARASOTA, FL 34236 US

## New Principal Place of Business:

## Current Mailing Address:

707 N. TAMIAMI TRAIL  
SARASOTA, FL 34236 US

## New Mailing Address:

FEI Number: 59-0706844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HARMAN, WM JAMES PRES  
707 N. TAMIAMI TRAIL  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: JACKSON, GARRY  
Address: 2311 HARBOUR OAKS DR  
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: S ( ) Delete  
Name: SMILEY, JANE  
Address: 700 JOHN RINGLING BLVD E-103  
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete  
Name: HARMAN, WILLIAM J  
Address: 7522 FAIRLINKS CT  
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: KENDALL, ADAM  
Address: 420 SHAMROCK BLVD  
City-St-Zip: VENICE, FL 34293 US

Title: S (X) Change ( ) Addition  
Name: WHITE, JOYCE  
Address: 5070 ROBINSON ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: V (X) Change ( ) Addition  
Name: HAMEL, LOUISE  
Address: 3030 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34233

Title: P ( ) Change (X) Addition  
Name: MCDONALD, KATHLEEN  
Address: 800 BLUE CRANE DR  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM KENDALL

T

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date