## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764035** 

Entity Name: SARASOTA CONVENTION AND VISTORS BUREAU, INC.

FILED May 07, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
655 N TAM SARASOTA	IAMI TRAIL A, FL 34236					
Current Mailing Address:				New Mailing Address:		
% H. WILLIAM SCOVILL 1605 MAIN STREET #912 SARASOTA, FL 34236				655 N TAMIAMI TRAIL SARASOTA, FL 34236		
FEI Number:	59-2189967	FEI Number Applied For ( )	FEI Numb	er Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	N	Name and	Address of N	ew Registered Agent:
SARASOTA	STREET #912 A, FL 34236					
The above in the State		bmits this statement for the pu	rpose of o	changing it	s registered of	ffice or registered agent, or both,
SIGNATUR						
	Electronic	Signature of Registered Agen	t			Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () E PIERCE, DAVID 333 N TAMIAMI T VENICE, FL 342		N A	ïtle: lame: \ddress: City-St-Zip:	D (X) PIERCE, DAVID 597 S. TAMIAMI VENICE, FL 34	I TRAIL
Title: Name: Address: City-St-Zip:	V () E YOUNG, MICHEL 301 GULF OF ME LONGBOAT KEY	XICO DRIVE	N A	ītle: lame: address: City-St-Zip:	D (X) MCMANEMON, 1111 RITZ-CAR SARASOTA, FL	LTON DRIVE
Title: Name: Address: City-St-Zip:	ST () E CUNNINGHAM, S 1030 SEA SIDE E SARASOTA, FL 3	DRIVE	N A	itle: lame: \ddress: \ity-St-Zip:	P (X) CUNNINGHAM, 1030 SEA SIDE SARASOTA, FL	DRIVE
Title: Name: Address: City-St-Zip:	D () E MOLDAN, HOWA RENTAL CAR RD SARASOTA, FL (		N A	itle: lame: lddress: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () E PICCOLO, FRED 6000 AIRPORT C SARASOTA, FL (		N A	itle: lame: \ddress: Dity-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () CHERRY, BARBA 1701 N TAMIAMI SARASOTA, FL (	TRAIL	N A	itle: lame: lddress: city-St-Zip:	ST (X) RILEY, JAY 1924 S. OSPRE SARASOTA, FL	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON CUNNINGHAM P 05/07/2004