
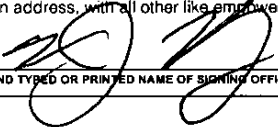


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 036 ****61.25

DOCUMENT # 764035					
1. Entity Name SARASOTA CONVENTION AND VISTORS BUREAU, INC.					
Principal Place of Business 766 HUDSON AVENUE SARASOTA, FL 34236			Mailing Address 766 HUDSON AVENUE SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PALMER, MITCHELL O 200 S. ORANGE AVE SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
				FL	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, DAVID		NAME	Margaret Callahan	
STREET ADDRESS	597 S. TAMiami TRAIL		STREET ADDRESS	1777 Main St	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Sarasota FL 34236	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWER, LESLIE		NAME	Kathy Boylis	
STREET ADDRESS	1223 BLVD. OF THE ARTS		STREET ADDRESS	2601 Cattleman Rd	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, SHARON		NAME	Aledia Tosh	
STREET ADDRESS	1030 SEA SIDE DRIVE		STREET ADDRESS	1249 Stickney Pt Rd	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	Sarasota FL 34242	
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G HARAVI, MOHAMMAD		NAME	James McMenemon	
STREET ADDRESS	1000 BLVD OF THE ARTS		STREET ADDRESS	1111 Ritz Carlton Dr	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota FL 34236	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALEY, VIRGINIA		NAME		
STREET ADDRESS	766 HUDSON AVE SUITE A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JAY		NAME		
STREET ADDRESS	1924 S. OSPREY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Virginia Haley		2-9-06 941955091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	