

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 765897

1. Entity Name

**SARASOTA INSTITUTE FOR CONTINUING
PROFESSIONAL EDUCATION, INC.**



Principal Place of Business

**2510 TAMiami TR N
NOKOMIS, FL 34275**

Mailing Address

**2510 TAMiami TR N
NOKOMIS, FL 34275**



04102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0783771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERNSTEIN, LYNN R.
2510 TAMiami TRAIL NORTH
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERNSTEIN, LYNN R.
STREET ADDRESS 2510 TAMiami TRAIL NORTH
CITY-ST-ZIP NOKOMIS, FL

TITLE SD
NAME BERNSTEIN, JOSEPH
STREET ADDRESS 2510 TAMiami TRAIL NORTH
CITY-ST-ZIP NOKOMIS, FL

TITLE TD
NAME BERNSTEIN, JOSEPH
STREET ADDRESS 2510 TAMiami TRAIL N.
CITY-ST-ZIP NOKOMIS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2006

Date

941-474-7170

Daytime Phone #