

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00078 (8)

1. Corporation Name

P.A.L.S. COMMUNITY ADVISORY BOARD, INC.



Principal Place of Business

Mailing Address

2418 HATTON ST.
SARASOTA FL 34237

2418 HATTON ST.
SARASOTA FL 34237

3. Date Incorporated or Qualified
11/29/1983

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1960 Landings Blvd.

26 1960 Landings Blvd.

4. FEI Number
59-2354722

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Sarasota FL

28 Sarasota FL

24 Zip Country

29 Zip Country

34231

25 Sarasota

34231

30 Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M. Lou Piotrowski
1960 Landings Blvd.
Sarasota, FL 34231

81 Name
M. Lou Piotrowski
82 Street Address (P.O. Box Number is Not Acceptable)
1960 Landings Boulevard
83
84 City
Sarasota
85 Zip Code
FL 34231

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 *M. Lou Piotrowski* Commissioner 2/1/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME HARDY, ANN W
STREET ADDRESS 1917 ROSE STREET
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Cheryl Weber
1.3 STREET ADDRESS 1681 Valley Drive
1.4 CITY-ST-ZIP Venice FL 34292

TITLE PD ☐ DELETE
NAME KAIGHN, LILLY
STREET ADDRESS 1323 TANGIER WAY
CITY-ST-ZIP SARASOTA FL 34239

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VU ☒ DELETE
NAME GOFF, ROSE
STREET ADDRESS 847 HUDSON AVENUE
CITY-ST-ZIP SARASOTA FL 34236

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME LENK, HERBERT
STREET ADDRESS 4001 OAKLEY GREENE
CITY-ST-ZIP SARASOTA FL 34235

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Lilly Kaighn* President PALS Com. Adv Bd. 2/1/96 941-952-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)