FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00078

1. Corporation Name

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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90208 021 ****61.25

								· -	
Principal Place of Business Mailing Address									
1960 LANDING SARASOTA FL		1960 Landings BLVD. Sarasota FL 34231							
Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualife	ed		
21		26				11/29/1983			-U-4 F
Suite, Apt. #, etc.					4.	FEI Number 59-2354722		· · ·	plied For t Applicable
City & State City & State						39 2004122		\$8.75 A	
City & Stat	B	28			5.	Certificate of Status Desired	<u> </u>	Fee Rec	
Zip	Country	Zip	Count	гу	6.	Election Campaign Financin	9 🗖	\$5.00	May Be
24	25 29 30			Trust Fund Contribution			³ 🗆	Added to	Fees
	9. Name and Address of Curren	t Registered Agent			10.	Name and Address of Nev	v Registered	Agent	
			8	1 Name					
WEISS, SHEILA			8	2 Street	et Address (P.O. Box Number is Not Acceptable)				
1960 LANDINGS BLVD				- Cassas, assessed (1.10.1.20).					
1	A FL 34231		8	3					
0.21.00,			g	4 City				85 Zip C	ode
Ì				'			FL	- '	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was au dions of, Section 617.0503, Flori	es, the abouthorized bidde Statute	ve-named by the corpo es.	corporatio oration's b	n submits this statement for t oard of directors. I hereby ac		changing its intrent as reg	registered jistered
	Signature, typed or printed name of registered age			ent signature r			. DATE	- DIDECTO	DC IN 42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	DEFICERS AF	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE					[Change	☐ Addition
NAME	HARDY, ANN W		1.2 NAME		يم د.	LEATHA LA			
STREET ADDRESS	1917 ROSE STREET			ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY		SAR	ASOTA FL 34	성 5 스	☐ Change	Addition
TITLE	VD	. Dereie	2.1 TITLE		PE/I)		[] Ollalige	
NAME	FORSYTH, DOLORES		2.2 NAME		0000	8 Woodbrian	Dr.		
STREET ADDRESS	7312 KILLARNEY DR		1	ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		2.4 CITY			ASOTA, FL 34	t-4 ⊃ §	Change	Addition
TITLE	S CORNA	DELETE	3.1 TITLE		V/O			El ougida	
NAME	TAPPAN, SORAYA	CT.	3.2 NAME						
STREET ADDRESS	2532 LOCKWOOD MEADOWS	31.		ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34234	☐ DELETE	3.4. CITY		/-			[7Change	Addition
TITLE	S HALL BUDY	☐ DETEIG	4.1 TITLE 4.2 NAM		7/0			E Chango	
NAME	HALL, JUDY								
STREET ADDRESS	-			ET ADORESS					
CITY-ST-ZIP	SARASOTA FL	☑ DELETE	4.4 CITY	-	=			☐ Change	Addition
TITLE	NINDELL KIM	► DECEIE	5.1 TITLE 5.2 NAME		SNAN	CY SPREEN		T +	
NAME STREET ADDRESS	Kindell, Kim 1331 Guardian Drive			ET ADDRESS	101	CY SPREEN 4 MARIGOLD	PL.		
STREET ADDRESS			5.4 CITY		540	ASOTA, FL	34221		
CITY-ST-ZIP	VENICE FL 34292	☐ DELETE	6.1 TITLE		UNK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1 	Change	☐ Addition
TITLE	,	_ bcc.t	6.2 NAME					<u> </u>	
NAME			•	ET ADDRESS					
STREET ADDRESS	, -		6.4 CITY						
CITY-ST-ZIP			0.4 CH17	- 1 - LII	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/6/99 Date 941-922-7874