

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000709

FILED
Nov 10, 2009
Secretary of State

Entity Name: SARASOTA SCHOOL OF ARTS AND SCIENCES PARENT, TEACHER AND STUDENT SOCIETY, INC.

Current Principal Place of Business:

645 CENTRAL AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

645 CENTRAL AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-1107763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WACHOB, MILLISA L
5515 FORESTER LAKE DRIVE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TAMMY FRIEND

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAINE, HEATHER
Address: 645 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: FREIND, TAMMY
Address: 645 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: BUCCI, PAM
Address: 645 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: TRE () Delete
Name: EVERETT, ANGELA
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: MARSH, KELLY
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: GOLDSTEIN, MARCIA
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GOLDSTEIN, MARCIA
Address: 645 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: S (X) Change () Addition
Name: JONES, TANYA
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: LUCAS, KAREN
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TAMMY FRIEND

Electronic Signature of Signing Officer or Director

TREA

11/10/2009

Date