

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000709

FILED
Mar 05, 2010
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 ()

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: V
Name: GOLDSTEIN, MARCIA
Address: 645 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: S
Name: JONES, TANYA
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: S
Name: MARSH, KELLY
Address: 645 CENTRAL AVENUE
City-St-Zip: SARAOSTA, FL 34236

Title: VC
Name: LUCAS, KAREN
Address: 645 CENTRAL AVENUE
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: TAMMY L FRIEND

TR

03/05/2010

Electronic Signature of Signing Officer or Director

Date