

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90145 050 \*\*\*\*96.25

**DOCUMENT # N01000002622**

1. Entity Name  
**SCIENCE AND ENVIRONMENT COUNCIL OF SARASOTA  
COUNTY, INC.**



Principal Place of Business  
**4371 OAK VIEW DR.  
SARASOTA, FL 34232**

Mailing Address  
**4371 OAK VIEW DR.  
SARASOTA, FL 34232**

**00043301**



2. Principal Place of Business

3. Mailing Address

**2180 Main St**

**2180 Main St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**106**

**106**

City & State

City & State

**Sarasota, FL**

**Sarasota, FL**

Zip

Country

Zip

Country

**34237**

**34237**

02072006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**65-1102028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUSCHE, BARBARA J  
4371 OAK VIEW DR.  
SARASOTA, FL 34232**

Name

**MYRIAM SPRINGUEL**

Street Address (P.O. Box Number is Not Acceptable)

**2180 MAIN ST 5-106**

City

**SARASOTA**

FL

Zip Code

**34237**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
MAHADE VAN, KUMAR DR.  
MOTE MARINE LAB, 1600 KEN THOMPSON PKWY.  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BM  
ALBERT JOERGER  
SARASOTA CONSERVATION FND  
SARASOTA, FL 34229** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
MANSPERGER, LINDA  
HISTORIC SPANISH POINT  
OSPREY, FL 34229** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCOB  
MORRIS, JULIE  
NEW COLLEGE, 5700 N TAMiami TRL.  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BM  
RICHARDSON, BOB  
2055 WOOD ST, SUITE 202  
SARASOTA, FL 34237** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MOBD  
DIXON, DEBRA  
CROWLEY MUSEUM, 16405 MYAKKA RD.  
SARASOTA, FL 34240** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAUSCHE, BARBARA J  
4371 OAK VIEW DR.  
SARASOTA, FL 34232** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EXEC DIRECTOR  
MYRIAM SPRINGUEL  
2180 MAIN ST. 5-106  
SARASOTA, FL 34237** ☐ Change ☒ Addition

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

Date

Daytime Phone #

**3.27.06**