

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002622

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

2469 NOVUS STREET
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2469 NOVUS STREET
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-1102028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGUEL, MYRIAM
2469 NOUVS ST
SARASOTA, FL 34237 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: COB () Delete
Name: MORRIS, JULIE
Address: NEW COLLEGE 5700 NORTH TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: BM () Delete
Name: MANSPERGER, LINDA
Address: HISTORIC SPANISH POINT
City-St-Zip: OSPREY, FL 34229

Title: BM () Delete
Name: MAHADEVAN, KUMAR
Address: MOTE LAB 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34246

Title: VCOB () Delete
Name: JOERGER, ALBERT
Address: SARASOTA CONS. FDTN P.O. BOX 902
City-St-Zip: OSPREY, FL 34229

Title: ST () Delete
Name: BODRY-SANDERS, PENELOPE
Address: LEMUR CONS. FDTN PO BOX 249
City-St-Zip: SARASOTA, FL 34251

Title: BM () Delete
Name: COWDRIGHT, BILL
Address: CROWLEY - 16405 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: M SPRINGUEL

ED

04/21/2009

Electronic Signature of Signing Officer or Director

Date