

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 029 ****61.25

DOCUMENT # N01000002644 1. Entity Name THE JAMES JOYCE SOCIETY OF SARASOTA, INC.					
Principal Place of Business P.O. BOX 21298 SARASOTA, FL 34276			Mailing Address P.O. BOX 21298 SARASOTA, FL 34276		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3781038	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, TERENCE 5190 26TH STREET WEST SUITE D BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	S LAUBHEIM, LOLA 7979 S TAMIAMI TR APT 308 SARASOTA, FL 34231	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINER, TOM 6815 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUBHEIM, CHARLES 7979 S TAMIAMI TR APT 308 SARASOTA, FL 34231	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIZZONI, CARMEN 5395 KELLY DRIVE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, JOAN 8187 SHADOW PINE WAY SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOECHL, BETH 1575 BAY POINT DR SARASOTA FL 34243	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATRULLO, TOM 4369 NORTH SHORE DR PUNTA GORDA, FL 33980	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINER, TOM 6815 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, DICK 1551 OAK ST SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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: <i>Carmen C. Mizzoni</i>			CARMEN C. MIZZONI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-15-04 Daytime Phone # 941.812.9346		