


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 035 \*\*\*\*61.25

<b>DOCUMENT # N01000002644</b> 1. Entity Name <b>THE JAMES JOYCE SOCIETY OF SARASOTA, INC.</b>					
Principal Place of Business P.O. BOX 1253 SARASOTA, FL 34230			Mailing Address P.O. BOX 1253 SARASOTA, FL 34230		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-3781038</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATTHEWS, TERENCE</b> <b>5190 26TH STREET WEST</b> <b>SUITE D</b> <b>BRADENTON, FL 34207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR STEINER, TOM <input checked="" type="checkbox"/> Delete 6815 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Muessle, Elizabeth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7326 Windemere Lane University Park, FL 34201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUESSLE, ELIZABETH <input checked="" type="checkbox"/> Delete 7326 WINDEMERE LANE UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marcia Sullivan <input type="checkbox"/> Change <input type="checkbox"/> Addition 7404 Weeping Willow Blvd Sarasota, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOFFMAN, MARGARET <input type="checkbox"/> Delete 5045 VILLAGE GARDEN SARASOTA DR, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MATIENZO, RAY <input checked="" type="checkbox"/> Delete 3657 HISPANIA PL #614 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, PATRICIA <input checked="" type="checkbox"/> Delete 4590 SAMOSET DR SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kevin O'Halloran <input type="checkbox"/> Change <input type="checkbox"/> Addition 5076 Marshfield Rd Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Marcia Sullivan</i> <b>Marcia Sullivan Treas.</b> <b>3/1/07</b> <b>941-925-7191</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					