

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000002644

1. Entity Name
THE JAMES JOYCE SOCIETY OF SARASOTA, INC.



Principal Place of Business
**P.O. BOX 1253
SARASOTA, FL 34230**

Mailing Address
**P.O. BOX 1253
SARASOTA, FL 34230**



01262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3781038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**MATTHEWS, TERENCE
5190 26TH STREET WEST
SUITE D
BRADENTON, FL 34207**

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PR
MUESSLE, ELIZABETH
7326 WINDEMERE LANE
BRADENTON, FL 34201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SULLIVAN, MARCIA
7404 WEEPING WILLOW BLVD
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
HOFFMAN, MARGARET
5045 VILLAGE GARDEN
SARASOTA DR, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
O'HALLORAN, KEVIN
5078 MARSHFIELD RD
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000809138
02/08/08-80011-003 61.25

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IN THIS SPACE**

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:

Marcia Sullivan, Treas. **Marcia Sullivan**

1/28/08

941-925-7191

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #