

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 032 ****61.25

DOCUMENT # N01000002678

1. Entity Name
SARASOTA PRIDE, INC.



40120519



Principal Place of Business
**6108 26TH STREET WEST
BRADENTON, FL 34207**

Mailing Address
**P.O. BOX 51032
SARASOTA, FL 34232**

2. Principal Place of Business - No P.O. Box #

4967 79th AVE. DR. E.

3. Mailing Address

Suite, Apt. #, etc.

05162007 Chg-NP CR2E037 (12/06)

City & State

SARASOTA FL

City & State

4. FEI Number
65-1095683

Applied For
Not Applicable

Zip

34243

Country

SARASOTA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GODDARD, JAMES
6108 26TH STREET WEST
BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name **CAROLYN ANGIOLILLO**

Street Address (P.O. Box Number is Not Acceptable)
1131 MOON MIST CT

City **SARASOTA**

FL

Zip Code
34242

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 September 14, 2007**

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

TITLE **PT** ☒ Delete
NAME **DIEDERICH, BARBARA**
STREET ADDRESS **P.O. BOX 51032**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **VPS** ☐ Delete
NAME **DAWLEY, JAMES A.**
STREET ADDRESS **P.O. BOX 51032**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES. (CHAIR)** ☒ Change ☐ Addit
NAME **KAREN MURRAY-PARKER**
STREET ADDRESS **4967 79th AVE. DR. E**
CITY-ST-ZIP **SARASOTA, FL 34243**

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

TITLE **TREAS.** ☐ Change ☒ Addit
NAME **CAROLYN ANGIOLILLO**
STREET ADDRESS **1131 MOON MIST CT.**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

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.

[Signature]