2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002792

1. Entity Name
SARASOTA B.S.P. CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
640 N. BENEVA ROAD SARASOTA, FL 34232	P.O. BOX 37612 SARASOTA, FL 34237

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01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1117532

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DORMAN, LORI M ESQ.
HAMRICK, PERREY, QUINLAN & SMITH, P.A.
601 12TH STREET WEST
BRADENTON, FL 34205

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIRESTONE, SUSAN
STREET ADDRESS	3233 RAMBLEWOOD DRIVE NORTH
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	TD
NAME	HACKETT, MARGARET
STREET ADDRESS	716 WOOD LANE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	SD
NAME	REESE, CAROL
STREET ADDRESS	3030 HALTON STREET
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BALINT, DOREEN
STREET ADDRESS	4369 EASTWOOD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	COLLOPY, KATHY
STREET ADDRESS	6736 HALF MOON DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	KORO, LUCY
STREET ADDRESS	1144 MALLARD MARSH DRIVE
CITY-ST-ZIP	OSPREY, FL 34229

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02/17/06-80018-007 70.00

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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: Susan E Firestone 1-19-06 941-556-3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #