


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90078 048 ****70.00

| | | | | | |
|--|---|---|---|---|---|
| DOCUMENT # N01000002792 1. Entity Name SARASOTA B.S.P. CHARITABLE FOUNDATION, INC. | | | |  | |
| Principal Place of Business 640 N. BENEVA ROAD SARASOTA, FL 34232 | | | Mailing Address P.O. BOX 37612 SARASOTA, FL 34237 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1117532 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD FIRESTONE, SUSAN 3233 RAMBLEWOOD DRIVE NORTH SARASOTA, FL 34237 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Debra Reynolds 3518 Prado Dr SARASOTA FL 34235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HACKETT, MARGARET 716 WOOD LANE SARASOTA, FL 34237 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Elvie Scheb 2324 Bahia Vista St SARASOTA FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REESE, CAROL 3030 HALTON STREET SARASOTA, FL 34237 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALINT, DOREEN 4369 EASTWOOD DRIVE SARASOTA, FL 34232 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLOPY, KATHY 6736 HALF MOON DRIVE SARASOTA, FL 34231 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KORO, LUCY 1144 MALLARD MARSH DRIVE OSPREY, FL 34229 | <input checked="" 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. | | | | | |
| SIGNATURE: <i>Susan E Firestone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 1-25-06 941-556-3217 <small>Date Daytime Phone #</small> | |

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**\$8.75 Additional
Fee Required**