


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 031 ****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 # 650 N. Beneva Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 52563 Suite, Apt. #, etc.	
City & State Sarasota FL Zip 34232		City & State Sarasota FL Zip 34232-0321	
Country USA		Country USA	
4. FEI Number 65-1117532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 PD NAME FIRESTONE, SUSAN STREET ADDRESS 3233 RAMBLEWOOD DRIVE NORTH CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HACKETT, MARGARET STREET ADDRESS 716 WOOD LANE CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME REESE, CAROL STREET ADDRESS 3030 HALTON STREET CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3030 HATTON ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BALINT, DOREEN STREET ADDRESS 4369 EASTWOOD DRIVE CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME COLLOPY, KATHY STREET ADDRESS 6736 HALF MOON DRIVE CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REYNOLDS, DEBRA STREET ADDRESS 3518 PRADO DR CITY-ST-ZIP SARASOTA, FL 34235	<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.			
SIGNATURE: <u>Susan E Firestone, SUSAN E. Firestone President 1-23-08</u> 941-556-3217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			