

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003147**

1. Entity Name  
**FRIENDS OF ARTS & HUMANITIES, INC.**



Principal Place of Business  
**1226 N TAMiami TRAIL  
SARASOTA, FL 34236**

Mailing Address  
**1226 N TAMiami TRAIL  
SARASOTA, FL 34236**



04122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0592364**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WEIDNER, JEAN A  
1226 N TAMiami TR  
SARASOTA, FL 34236**

**DO NOT WRITE  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WEIDNER, JEAN A
STREET ADDRESS	340 S PALM AVE #212
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	VS
NAME	WISE, MARGARET
STREET ADDRESS	1233 HILLVIEW DR
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	V
NAME	ROSKAMP, DIANE
STREET ADDRESS	420 GOLDEN GATE POINT
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	T
NAME	KING, DOYLE
STREET ADDRESS	6900 GATOR CREEK BLVD
CITY - ST - ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000710157  
04/25/07-80033-007 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07 941-366 5293