

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004480

FILED
Apr 15, 2009
Secretary of State

Entity Name: TSIC OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

3932 SWIFT ROAD
SUITE C
SARASOTA, FL 34239

New Principal Place of Business:

2250 MYRTLE STREET
SARASOTA, FL 34234

Current Mailing Address:

PO BOX 48186
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 33-1012774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENT, JOHN C JR. ESQ
330 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CORBRIDGE, KELLEY ESQ
240 NOKOMIS AVE. SOUTH
200
VENICE, FL 34285 US

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.

SIGNATURE: C. KELLEY CORBRIDGE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORBRIDGE, C. KELLEY
Address: 240 S. NOKOMIS AVE.
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: HOUGH, KAREN
Address: 1515 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: CHERP, MICHELLE M
Address: 2501 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: ARMBRUSTER, RENEE
Address: 1605 MAIN ST.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HARDING, TRISTAN
Address: 240 S. PINEAPPLE AVE.
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARMBRUSTER, RENEE
Address: 1605 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ATKINS, J. SCOTT
Address: 1605 MAIN ST.
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A BECHTOLD

E.D.

04/15/2009

Electronic Signature of Signing Officer or Director

Date