2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005109

1. Entity Name
SARASOTA INFANT HOME, INC.

Principal Place of Business	Mailing Address
2376 NOVUS STREET SARASOTA, FL 34237	2376 NOVUS STREET SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

02282005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-0869515	Not Applicable

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

6. Name and Address of Current Registered Agent

ROBB, SHARON
2376 NOVUS STREET
SARASOTA, FL 34237

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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 _Sharon M. Robb_   _Sharon M. Robb_   _4-8-05_
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, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ANDREWS, CHERYL J _4659 Runabout Wa_
STREET ADDRESS	1327 MAGELLAN DRIVE _Bradenton FL_
CITY-ST-ZIP	SARASOTA, FL 34243 _34203_

TITLE	S/TR
NAME	ROBB, SEAN R
STREET ADDRESS	4212 AUTUMN LEAVES DRIVE
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	VP
NAME	ROBB, REBECCA L
STREET ADDRESS	4212 AUTUMN LEAVES DRIVE
CITY-ST-ZIP	TAMPA, FL 33624

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Sharon M. Robb_   _Sharon M. Robb_   _4-8-05_   _941 362-4115_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #