

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 20, 2005
Secretary of State

DOCUMENT# N02000005109

Entity Name: SARASOTA INFANT HOME, INC.**Current Principal Place of Business:**2376 NOVUS STREET
SARASOTA, FL 34237**New Principal Place of Business:****Current Mailing Address:**2376 NOVUS STREET
SARASOTA, FL 34237**New Mailing Address:****FEI Number:** 65-0869515**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBB, SHARON
2376 NOVUS STREET
SARASOTA, FL 34237 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: ANDREWS, CHERYL J
Address: 4659 RUNABOUT WAY
City-St-Zip: BRADENTON, FL 34203**Title:** S/TR () Delete
Name: ROBB, SEAN R
Address: 4212 AUTUMN LEAVES DRIVE
City-St-Zip: TAMPA, FL 33624**Title:** VP () Delete
Name: ROBB, REBECCA L
Address: 4212 AUTUMN LEAVES DRIVE
City-St-Zip: TAMPA, FL 33624**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: MCGILLICUDDY, GRACI
Address: 3827 FLAMINGO AVE.
City-St-Zip: SARASOTA, FL 34242**Title:** V.P. (X) Change () Addition
Name: SULLIVAN, SUE
Address: 1500 SOUTH DRIVE
City-St-Zip: SARASOTA, FL 34239**Title:** TR/S (X) Change () Addition
Name: ROBB, SEAN R
Address: 4212 AUTUMN LEAVES DRIVE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON ROBB

DIRE

04/20/2005

Electronic Signature of Signing Officer or Director

Date