

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005221

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE ARTIST SERIES OF SARASOTA, INC.

Current Principal Place of Business:

1800 BEN FRANKLIN DR B-506
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 BEN FRANKLIN DR B-506
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0755294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, JEROLD W
1800 BEN FRANKLIN DR B-506
SARASOTA, FL 34236 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: DP () Delete
Name: ROSS, JEROLD W
Address: 1800 BEN FRANKLIN DR B-506
City-St-Zip: SARASOTA, FL 34236

Title: DST () Delete
Name: ROSS, LEE D
Address: 1800 BEN FRANKLIN DR B-506
City-St-Zip: SARASOTA, FL 34236

Title: DV () Delete
Name: HINRICHS, BETSY
Address: 4231 PALACIO DR
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: ALLYN, DEANE
Address: 5135 COTE DU RHONE WAY
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: BROTH, RAY
Address: 5074 HANGING MOSS LN
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: BAGBY, BETSY
Address: 700 RINGLING
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN ALAN FISCHER

ED

04/30/2007

Electronic Signature of Signing Officer or Director

Date