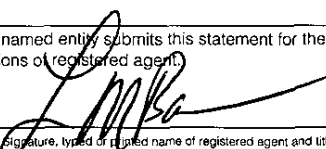
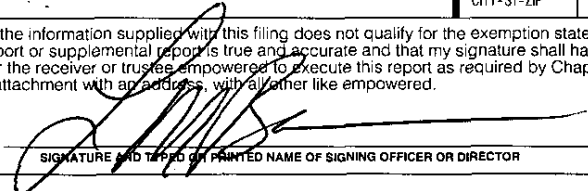


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90016 012 ****70.00

DOCUMENT # N02000007144 1. Entity Name SARASOTA SUNCOAST ACADEMY, INC.					
Principal Place of Business 7821 SADDLE CREEK TRAIL SARASOTA, FL 34241			Mailing Address 7821 SADDLE CREEK TRAIL SARASOTA, FL 34241		
2. Principal Place of Business 8084 Hawkins Road Suite, Apt. #, etc.		3. Mailing Address 8084 Hawkins Road Suite, Apt. #, etc.			
City & State Sarasota, FL Zip 34241 Country USA		City & State Sarasota, FL Zip 34241 Country USA		4. FEI Number 65-0794488 22-3872632	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAUCOM, LARRY M PHD 7821 SADDLE CREEK TRAIL SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name Baucom, Larry m. PhD Street Address (P.O. Box Number is Not Acceptable) 8084 Hawkins Road City Sarasota FL Zip Code 34241		
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  DATE 1-30-04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUCOM, LARRY M 7821 SADDLE CREEK TRAIL SARASOTA, FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKS, MITCHELL 3125 BAY ST. SARASOTA, FL 34237	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUCOM, REBECCA 7821 SADDLE CREEK TRAIL SARASOTA, FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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  DATE 1-30-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		