

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90059 022 ****61.25

DOCUMENT # N03000005233

1. Entity Name
THE SARASOTA AIDS THEATRE PROJECT, INC.



Principal Place of Business
**1637 DEVONSHIRE LN
SARASOTA, FL 34236**

Mailing Address
**1637 DEVONSHIRE LN
SARASOTA, FL 34236**

24021385



2. Principal Place of Business

761 S. Shade Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1903

Suite, Apt. #, etc.

03012004

Chg-NP

CR2E037 (10/03)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

20-0079670

Applied For

Not Applicable

Zip

34237

Country

USA

Zip

34230-1903

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BREUL, GARRY A
1637 DEVONSHIRE LN
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Garry A. Bruel**

Street Address (P.O. Box Number is Not Acceptable)

761 S. Shade Ave.

City

Sarasota

FL

Zip Code

34237

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

X Garry Bruel

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-10-04

**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

TITLE
NAME **P BRUEL, GARRY A** ☐ Delete
STREET ADDRESS **1637 DEVONSHIRE LN**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME **S RUSSO, JOHN** ☐ Delete
STREET ADDRESS **1255 5 ST**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME **T BELL, KATE** ☐ Delete
STREET ADDRESS **1637 DEVONSHIRE LN**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **761 S. Shade Ave.**
CITY-ST-ZIP **Sarasota, FL 34237**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **761 S. Shade Ave.**
CITY-ST-ZIP **Sarasota, FL 34237**

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

X Garry Bruel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry A. Bruel

Date

Daytime Phone #

03-10-04 941-365-6348