

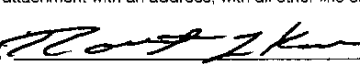


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90103 008 ****75.00

DOCUMENT # N03000005233 1. Entity Name THE SARASOTA AIDS THEATRE PROJECT, INC.					
Principal Place of Business 761 S. SHADE AVE SARASOTA, FL 34237				Mailing Address PO BOX 1903 SARASOTA, FL 34230	
2. Principal Place of Business 2442 BAY ST Suite, Apt. #, etc.		3. Mailing Address PO BOX 1903 Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 20-0079670	
Zip 34237		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREUL, GARRY A 761 S. SHADE AVE SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	P BRUEL, GARRY A 761 S. SHADE AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERSON, STEPHANIE 761 S SHADE AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERR, ROBERT 2442 BAY ST SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  ROBERT L. KERR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-12-06 941 906-2097 Date Daytime Phone #		