2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006737

FILED Apr 23, 2008 Secretary of State

Entity Name: SARASOTA CONSERVATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 748 S TAMIAMI TRL 343 PALMETTO AVE. OSPREY, FL 34229 2ND FL US OSPREY, FL 34229 **New Mailing Address: Current Mailing Address:** PO BOX 902 P.O. BOX 902 OSPREY, FL 34229 US OSPREY, FL 34229 US FEI Number: 20-0345249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOACH, KRAIG H ESQ. 1530 CROSS ST SARASOTA, FL 34236 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JOERGER, ALBERT G JOERGER, ALBERT G Name: Name: 748 S. TAMIAMI TRAIL. 2ND FLOOR Address: 343 PALMETTO AVE. Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: Title: () Delete () Change () Addition MILLER, JAN Name: Name: Address: 8592 POTTER PARK DRIVE, STE 150 Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition WOOD, ARTHUR M JR Name: Name: 1050 NORTH GREEN BAY ROAD Address: Address: City-St-Zip: LAKE FOREST, IL 60045 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, M.D., HAROLD L Name: Name: 3348 OLD OAK DR Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: () Change () Addition KIMBROUGH, ROBERT A Name: Name: 1530 CROSS ST Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEINWACKS, JEFFREY STEINWACHS, JEFFREY Name: Name: Address: 3440 GULFMAAD DRIVE Address: 3440 GULFMAAD DRIVE SARASOTA, FL 34242 SARASOTA, FL 34242 City-St-Zip: 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: ALBERT G. JOERGER PT 04/23/2008