2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
01-20-2005 90033 007 ****70.00

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01122005 Chg-NP CR2E037 (10/03)

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1. Entity Name
COALITION OF FRIENDS OF THE CONSERVATORY, INC.

Principal Place of Business	Mailing Address
5113 ESTATES CIR SARASOTA, FL 34243	POBOX 1913 TALLEVAST, FL 34270

2. Principal Place of Business	3. Mailing Address
8060 ESTATES DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State
Zip: 34243 Country: USA	Zip Country

4. FEI Number: 33-1081654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, HERBERT
5113 ESTATES CIR
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name: RAY CRUCET
Street Address (P.O. Box Number is Not Acceptable)
8060 ESTATES DRIVE
City: SARASOTA FL Zip Code: 34243

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: R. Crucet 2/28/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P QUINN, HERBERT 5113 ESTATES CIR SARASOTA, FL 34243	☒ Delete	P RAY CRUCET 8060 ESTATES DRIVE SARASOTA, FL. 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORGAN, BOB 7720 PALM AIRE LN SARASOTA, FL 34243	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DIAS, JAMES 5771 TIMBERLAKE DR SARASOTA, FL 34243	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Herbert Quinn HERBERT QUINN, PRES. 1-14-05 941-355-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #