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

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009277

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

Principal Place of Business
5113 ESTATES CIR
SARASOTA, FL 34243

Mailing Address
POBOX 1913
TALLEVAST, FL 34270

66004897

01122005 Chg-NP CR2E037 (10/03)

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

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

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

5. Certificate of Status Desired [X] $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. Cruce 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P QUINN, HERBERT 5113 ESTATES CIR SARASOTA, FL 34243	[X] Delete	
V MORGAN, BOB 7720 PALM AIRE LN SARASOTA, FL 34243	[ ] Delete	
ST DIAS, JAMES 5771 TIMBERLAKE DR SARASOTA, FL 34243	[ ] Delete	
	[ ] Delete	
	[ ] Delete	
	[ ] Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P RAY CRUCET 8060 ESTATES DRIVE SARASOTA, FL. 34243	[X] Change	[ ] Addition
	[ ] Change	[ ] Addition
	[ ] Change	[ ] Addition
	[ ] Change	[ ] Addition
	[ ] Change	[ ] Addition
	[ ] 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 #