

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008628

FILED
Apr 14, 2009
Secretary of State

Entity Name: SARASOTA COUNTY AUXILIARY COMMUNICATION SERVICES, INC.

Current Principal Place of Business:

5362 CASTLEMAN DR.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5362 CASTLEMAN DR.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-3373819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WETJEN, RON
5362 CASTLEMAN DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: WETJEN, RON
Address: 5362 CASTLEMAN DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: LUEHR, DAVID
Address: 3724 EAGLE HAMMOCK DR.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: THORNTON, ROBERT
Address: 4704 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RON WETJEN

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date