

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90040 006 \*\*\*\*61.25

**DOCUMENT # N05527**

1. Entity Name

SUNCOAST OPTIMIST CLUB OF SARASOTA, INC.



Principal Place of Business

P.O. BOX 50482  
SARASOTA FL 34232  
US

Mailing Address

P.O. BOX 50482  
SARASOTA FL 34232  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2062290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT L  
717 MANATEE AVENUE WEST  
SUITE 200  
BRADENTON FL 34205

Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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	STD	<input type="checkbox"/> Delete
NAME	JACKSON, JANET M	
STREET ADDRESS	3060 DIVIDING CREEK DR	
CITY- ST- ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, DOROTHY S	
STREET ADDRESS	5026 WATER OAK DRIVE # 107	
CITY- ST- ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHTOWER, RUSSELL	
STREET ADDRESS	3919 ELM STREET	
CITY- ST- ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROFFITT, GEORFREY H.	
STREET ADDRESS	2105 SOUTH BRINK AVE.	
CITY- ST- ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROCK, ELIZABETH	
STREET ADDRESS	202 SUNWAY AVE.	
CITY- ST- ZIP	SARASOTA FL 34237	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAMON, JOSEPH J	
STREET ADDRESS	4400 GALLOP AVE.	
CITY- ST- ZIP	SARASOTA FL 34233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carole Proffitt	
STREET ADDRESS	2105 South Brink Ave	
CITY- ST- ZIP	Sarasota, FL 34239	

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:**

Janet M. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-05 94-359-1592

Date

Daytime Phone #