

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	JACKSON, JANET M
STREET ADDRESS	3060 DIVIDING CREEK DR
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	D
NAME	KLEIN, DOROTHY S
STREET ADDRESS	5026 WATER OAK DRIVE # 107
CITY - ST - ZIP	BRADENTON, FL 34207
TITLE	D
NAME	HIGHTOWER, RUSSELL
STREET ADDRESS	3919 ELM STREET
CITY - ST - ZIP	ELLENTON, FL 34222
TITLE	D
NAME	PROFFITT, GEORFREY H.
STREET ADDRESS	2105 SOUTH BRINK AVE.
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	D
NAME	SCHROCK, ELIZABETH
STREET ADDRESS	202 SUNWAY AVE.
CITY - ST - ZIP	SARASOTA, FL 34237
TITLE	PD
NAME	PROFFITT, CAROLE
STREET ADDRESS	2105 SOUTH BRINK AVE.
CITY - ST - ZIP	SARASOTA, FL 34239

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01/25/06-80025-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Carole Proffitt