

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 008 ****70.00

DOCUMENT # N06000005716 1. Entity Name FAMILY PROMISE OF SARASOTA, INC.					
Principal Place of Business 5142 CAMUS WAY SARASOTA, FL 34232				Mailing Address 5142 CAMUS WAY SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # 1734 10th Way Suite, Apt. #, etc. _____		3. Mailing Address PO Box 48199 Suite, Apt. #, etc. _____			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-5058968	
Zip 34236		Country Sarasota		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34230-5199		Country Sarasota		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERRY, DIANE 5142 CAMUS WAY SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name BETSIIE M. DANNER Street Address (P.O. Box Number is Not Acceptable) 1734 10th Way City SARASOTA FL Zip Code 34236	
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 BETSIIE M. DANNER, PRESIDENT BOARD of TRUSTEES 3/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BERRY, DIANE 5142 CAMUS WAY SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETSIIE M. DANNER 3953 ROBERTS PT RD SARASOTA FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANNER, BETSIE 3953 ROBERTS POINT ROAD SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNN ZOLLER 6692 TAEDA DR SARASOTA FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAVANAGH, NANCY 4417 WORCESTER ROAD SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISTINA RAIN 1733 OAK LAKES DR SARASOTA FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINES, SUSAN 5211 11TH AVE W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, SUSAN 417 N. BRIGGS AVE, APT 714 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIA LOCKWOOD 677 N. WASHINGTON BLVD SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAWN 1645 OAKVIEW DR SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: BETSIIE M. DANNER 4/21-08 941/356-3070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					