

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

3. Mailing Address

PO Box 48199

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

Zip

34234

Country

Sarasota

Zip

34230-5199

Country

Sarasota

6. Name and Address of Current Registered Agent

BERRY, DIANE
5142 CAMUS WAY
SARASOTA, FL 34232

Name

BETSIE M. DANNER

Street Address (P.O. Box Number is Not Acceptable)

1734 10th Way

City

SARASOTA

FL

Zip Code

34234

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 BETSIE M. DANNER, PRESIDENT BOARD of TRUSTEES 3/28/08

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, 2008**

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

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 BETSIE 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	T 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:

BETSIE M. DANNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

941/356-3070

Daytime Phone #