2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90053 018 ****61.25

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1. Entity Name
COMMON CENTS FOR SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVENUE, 9TH FLOOR SARASOTA, FL 34236	240 S. PINEAPPLE AVENUE, 9TH FLOOR SARASOTA, FL 34236

02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1255 Gulfstream Ave	1255 Gulfstream Ave
Suite, Apt. #, etc.: #1404	Suite, Apt. #, etc.: #1404
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number: 20-8021873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVENUE, 9TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: Laurel D Johnson
Street Address (P.O. Box Number is Not Acceptable): 6114 36th Ln E
City: Bradenton FL
Zip Code: FL 34203

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: Laurel D Johnson Laurel D Johnson 3/22/07
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, 2007

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	D RICHARDSON, ROBERT 2055 WOOD STREET, SUITE 202 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, GINA 630 NORTH RIVER ROAD VENICE, FL 342934709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANOR, JOHN 1400 PEREGRINE POINT DRIVE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, JEFFREY 240 S. PINEAPPLE AVENUE, 9TH FLOOR SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGKINS, PATRICK 15141 TAMIAMI TRAIL NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYS, RICHARD D 888 BLVD. OF THE ARTS, UNIT 1203 SARASOTA, FL 34236	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Gina E. Taylor GINA E. TAYLOR 3-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #