

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005630

FILED
Apr 29, 2008
Secretary of State

Entity Name: SARASOTA HIGH SCHOOL ASSOCIATION OF DRAMATIC ARTS BOOSTERS, INC.

Current Principal Place of Business:

1000 SOUTH SCHOOL AVE
C/O MELISSA DWECK, DRAMA DIRECTOR
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH SCHOOL AVENUE
C/O MELISSA DWECK, DRAMA DIRECTOR
SARASOTA, FL 34237

New Mailing Address:

1000 SOUTH SCHOOL AVE
C/O MELISSA DWECK, DRAMA DIRECTOR
SARASOTA, FL 34237

FEI Number: 26-0651410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWECK, MELISSA
1000 SOUTH SCHOOL AVENUE
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWORTHY, KARENE L
Address: 4917 LAHAINA DR
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: LOGAN, STACEY
Address: 7860 N. LEEWYNN DR
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: HINES, DEB
Address: 5363 COLONIAL OAKS BLVD
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: COLL, CHRISTINE
Address: 611 OHIO PLACE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWORTHY, KARENE L
Address: 4917 LAHAINA DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VP (X) Change () Addition
Name: PEARSON, BRENT
Address: 2261 NOVUS ST
City-St-Zip: SARASOTA, FL 34237

Title: S (X) Change () Addition
Name: GIBSON, KATHY
Address: 2519 WOOD OAK DR
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change () Addition
Name: SICKS, HAROLD
Address: 2125 S SHADE AVENUE
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARENE L. LEWORTHY

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date