

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005630

FILED  
Apr 27, 2009  
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 AVE  
C/O MELISSA DWECK, DRAMA DIRECTOR  
SARASOTA, FL 34237

**New Mailing Address:**

**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 DRIVE  
City-St-Zip: SARASOTA, FL 34232

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TRUMAN, SANDY  
Address: 4042 BERKSHIRE DR  
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Change ( ) Addition  
Name: CHARLOTTE, VIRGINIA  
Address: 4826 CHERRY LAUREL CIR  
City-St-Zip: SARASOTA, FL 34241

Title: S (X) Change ( ) Addition  
Name: DANE, BETSY  
Address: 7389 DEER CROSSING CT  
City-St-Zip: SARASOTA, FL 34240

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

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: SANDY TRUMAN

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date