

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13003

FILED
Apr 14, 2004
Secretary of State**Entity Name:** METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXILIARY, INC.**Current Principal Place of Business:**1660 RINGLING BLVD
6TH FLOOR, FIRE DEPT
SARASOTA, FL 34236 US**New Principal Place of Business:****Current Mailing Address:**PMB 411
4411 BEE RIDGE RD
SARASOTA, FL 34233 US**New Mailing Address:**6750 BEE RIDGE
SARASOTA, FL 34241 US**FEI Number:** 65-1072259**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICE, JOHN JR.
5633 COUNTRY WALK LANE
SARASOTA, FL 34233 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: BM () Delete
Name: BRYSON, BETH
Address: 5376 STARWOOD PLACE
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: GISEDANO HADDER, GINA M
Address: 300 MIMOSA CIR
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: HALL, KEITH
Address: 4117 CENTERGATE BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: MBD () Delete
Name: INLOW, ADAM
Address: 5943 LORD AVE
City-St-Zip: SARASOTA, FL 34231

Title: MBD () Delete
Name: PERALA, MICHELLE
Address: 4305 O LIVE AVE
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: GOHL, TINA M
Address: 44 KALAMAZOO PL
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PERALA, MICHELLE
Address: 4308 OLIVE AVE
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBD (X) Change () Addition
Name: DEAN, ANDREA
Address: 3375 MAYFLOWER TERR.
City-St-Zip: NORTH PORT, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN M RICE JR.

TREA

04/14/2004

Electronic Signature of Signing Officer or Director

Date