

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14641** (7)

1. Corporation Name
SARASOTA COUNTY ARTS COUNCIL, INC.



Principal Place of Business: 1351 FRUITVILLE RD, SARASOTA FL 34236, US
Mailing Address: 1351 FRUITVILLE RD, SARASOTA FL 34236, US

3. Date Incorporated or Qualified: **04/29/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2710755**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **CASWELL, PATRICIA, 1351 FRUITVILLE ROAD, SARASOTA FL 34236**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Patricia Caswell* (Signature) **PATRICIA CASWELL** (Registered Agent Signature) **4/18/96** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LEDERMAN, SHELLEY	1.1 TITLE	
STREET ADDRESS: 2050 BEN FRANKLIN DR	CITY-ST-ZIP: SARASOTA FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: M	NAME: CASWELL, PATRICIA	2.1 TITLE	
STREET ADDRESS: 1351 FRUITVILLE RD.	CITY-ST-ZIP: SARASOTA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: TD	NAME: MUSCO, STEPHEN M.	3.1 TITLE	
STREET ADDRESS: 1549 RINGLING BLVD., #602	CITY-ST-ZIP: SARASOTA FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE: SD	NAME: CRUSINBERRY, MARIE	4.1 TITLE	
STREET ADDRESS: 465 RUBENS DRIVE EAST	CITY-ST-ZIP: NOKOMIS FL	4.2 NAME	
		4.3 STREET ADDRESS	5D BENNETT, LOIS
		4.4 CITY-ST-ZIP	1630 KENILWORTH ST. SARASOTA, FL 34231
TITLE: VD	NAME: KIEBITZ, CINDY	5.1 TITLE	
STREET ADDRESS: 1232 POINT CRISP ROAD	CITY-ST-ZIP: SARASOTA FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Caswell* (Signature) **PATRICIA CASWELL** (Registered Agent Signature) **4/18/96** (Date) **941-365-5118** (Daytime Phone #)

CR2E037 (12/95)