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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N14641**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date incorporated or Qualified

04/29/1986

4. FEI Number

59-2710755

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KIEBITZ, CINDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1232 POINT CRISP ROAD	1.2 NAME	
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	M CASWELL, PATRICIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 FRUITVILLE RD.	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MUSCO, STEPHEN M.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1549 RINGLING BLVD., #602	3.2 NAME	TD CHIFFORD KING
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	PO BOX 2704
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA FL 34230-2704 N/A
TITLE	SD BENNETT, LOIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1630 KENILWORTH ST	4.2 NAME	SD MICHELLE BURKE-PHILLIPS
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	PO BOX 4054
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA FL 34230 N/A
TITLE	VD SCHULMAN, LOIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 S GULFSTREAM AVE	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)