

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17336 (1)
1. Corporation Name
SARASOTA MUSIC FESTIVAL, INC.



Principal Place of Business 709 N TAMiami TRAIL SARASOTA FL 34236	Mailing Address 709 N TAMiami TRAIL SARASOTA FL 34236
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3. Date Incorporated or Qualified 10/16/1986	
4. FEI Number 59-2603081	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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**SERRIE, GRETCHEN
709 N. TAMiami TRAIL
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAURENCE R. SASLAW	1.2 NAME	
STREET ADDRESS	1003 WESTWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEATRICE FRIEDMAN	2.2 NAME	
STREET ADDRESS	435 L'AMBIANCE DR PHG	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BARNETT, ELAINE	3.2 NAME	Sprenger, Justine
STREET ADDRESS	7416 20TH AVE N W	3.3 STREET ADDRESS	8221 DeSoto Memorial Hwy. NW
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	TD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RICE, ERNEST R.	4.2 NAME	
STREET ADDRESS	454 MEADOW LARK	4.3 STREET ADDRESS	700 John Ringling Blvd. # 2312
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: *Beatrice Friedman* 4/2/100

CR2E037 (1097)