

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22646**

1. Entity Name  
**SARASOTA HIGH SCHOOL FOUNDATION, INC.**



Principal Place of Business  
**1000 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237 US**

Mailing Address  
**1000 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237 US**



01212006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0007703**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HOWELL, EDWARD F  
1000 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward F. Howell**

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

(NOTE: Registered Agent signature required when re-stating)

**Jan 23 2006**  
DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SASS, DOROTHY M
STREET ADDRESS	1000 SOUTH SCHOOL AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	SD
NAME	HRADEK, JEFFREY
STREET ADDRESS	1000 SOUTH SCHOOL AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	PD
NAME	HOWELL, EDWARD F
STREET ADDRESS	1000 SOUTH SCHOOL AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VD
NAME	ZABLACKAS, JOHN M
STREET ADDRESS	1000 SOUTH SCHOOL AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000410008  
02/09/06-80019-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward F. Howell** Edward F. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

(941) 955 1081

Daytime Phone #