

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:46

DOCUMENT # **N22826 (4)**

1. Corporation Name
THE BETTER GOVERNMENT ASSOCIATION OF SARASOTA COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 18483 SARASOTA FL 34276-1483

3. Date incorporated or Qualified **10/05/1987** 3a. Date of Last Report **03/07/1994**
4. FEI Number **65-0020546** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DAVID L
4170 HEARTHSTONE DR.
SARASOTA FL 34238**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BROWN, DAVID L
STREET ADDRESS	4170 HEARTHSTONE DR.
CITY - ST - ZIP	SARASOTA FL 34238
TITLE	VD
NAME	LONG, ROBERT W
STREET ADDRESS	4634 MIRADA WAY, #17
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	JUNG, SUMMER D
STREET ADDRESS	4753 RINGWOOD MEADOW
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	MATTHES, SUMMER D
STREET ADDRESS	5649 OLD RANCH RD.
CITY - ST - ZIP	SARASOTA FL 34241
TITLE	SD
NAME	BAGGERMAN, WILLIAM F
STREET ADDRESS	3814 GLENEAGLE DR.
CITY - ST - ZIP	SARASOTA FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	VD
2 3 STREET ADDRESS	JAMES T. PASKEWICH
2 4 CITY - ST - ZIP	4084 HEARTHSTONE DR SARASOTA, FL 34238
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	SD
3 3 STREET ADDRESS	VIRGINIA L. CHADWICK
3 4 CITY - ST - ZIP	6455 McKOWN RD SARASOTA, FL 34240
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	TD
4 3 STREET ADDRESS	THOMAS A. SMITH
4 4 CITY - ST - ZIP	2747 JEFFERSON CIRCLE SARASOTA, FL 34239
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	SD
5 3 STREET ADDRESS	A. DAVID BOTHE
5 4 CITY - ST - ZIP	463 PICASSO DR NOKOMIS, FL 34275
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *David L. Brown* **DAVID L. BROWN** APRIL 8, 1995 (813) 966-1613