

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 # N22826 (4)

1. Corporation Name

THE BETTER GOVERNMENT ASSOCIATION OF SARASOTA COUNTY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 18483
SARASOTA FL 34276-1483

P.O. BOX 18483
SARASOTA FL 34276-1483

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0020546

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE DELETE

NAME **PD BROWN, DAVID L**
STREET ADDRESS **4170 HEARTHSTONE DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE DELETE

NAME **VD PASKEWICH, AJMES T**
STREET ADDRESS **4084 HEARTHSTONE DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE DELETE

NAME **SD CHADWICK, VIRGINIA L**
STREET ADDRESS **6455 MCKOWN RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE DELETE

NAME **TD SMITH, THOMAS A**
STREET ADDRESS **2747 JEFFERSON CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

TITLE DELETE

NAME **SD BOTHE, A DAVID**
STREET ADDRESS **463 PICASSO DRIVE**
CITY-ST-ZIP **NOKOMIS FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

34238

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

34239

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

34275

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 TITLE Change Addition

6.6 NAME

6.7 STREET ADDRESS

6.8 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-96
Date

(941) 966-1613
Daytime Phone #

CR2E037 (12/95)