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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

David R. Brown
Signature of type or printed name of registered agent and title if applicable

DAVID L. BROWN, TREAS.

(NOTE: Registered Agent signature required when reinstating)

3-12-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD Change Addition
1.2 NAME MIKOS, JOHN W.
1.3 STREET ADDRESS 7482 N LEEWYNN DR.
1.4 CITY-ST-ZIP SARASOTA, FL 34240-9644

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

2.1 TITLE VD Change Addition
2.2 NAME MORGAN, RICHARD D.
2.3 STREET ADDRESS 8250 N. LEEWYNN DR.
2.4 CITY-ST-ZIP SARASOTA, FL 34240-9641

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

3.1 TITLE SD Change Addition
3.2 NAME PASKEWICH, JAMES T.
3.3 STREET ADDRESS 4084 HEARTHSTONE DR.
3.4 CITY-ST-ZIP SARASOTA, FL 34238

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

4.1 TITLE SD Change Addition
4.2 NAME BOTHE, A. DAVID
4.3 STREET ADDRESS 463 PICASSO DR.
4.4 CITY-ST-ZIP NOKOMIS, FL 34275-1448

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE TD Change Addition
5.2 NAME BROWN, DAVID L.
5.3 STREET ADDRESS 4170 HEARTHSTONE DR.
5.4 CITY-ST-ZIP SARASOTA, FL 34238-3203

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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:

John W. Mikos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MIKOS, PRES 3/12/97
Date

941-377-8263
Daytime Phone # 0064101

CR2E037 (9/96)