


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22826 (4)**

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



Principal Place of Business P.O. BOX 18483 SARASOTA FL 34276-1483	Mailing Address P.O. BOX 18483 SARASOTA FL 34276-1483
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3. Date Incorporated or Qualified  
**10/05/1987**

4. FEI Number  
**65-0020546**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>JOHN W. MIKOS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	<b>7482 N. LEE WYNN DR</b>
84 State	<b>FL</b>
85 Zip Code	<b>34240-9644</b>

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]* DATE **MAR 13, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIKOS, JOHN W	
STREET ADDRESS	7482 N LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 44	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PASKEWICH, JAMES T	
STREET ADDRESS	4084 HEARTHSTONE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGAN, RICHARD D	
STREET ADDRESS	8250 N LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 41	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOTHE, DAVID A	
STREET ADDRESS	483 PICASSO DR	
CITY-ST-ZIP	NOKOMIS FL 48	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID L	
STREET ADDRESS	4170 HEARTHSTONE DR	
CITY-ST-ZIP	SARASOTA FL 03	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 *[Signature]* DATE **MAR 13 1998**

CR2E037 (10/97)