FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22826

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

FILED Mar 22, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			10/05/1987				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For		
22	,	27			65-0020546	Not	Applicable		
City & State	9	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required				
23		28	Carrata						
Zip	Country	Zip	Country	<i>'</i>	6. Election Campaign Financing	\$5.00 h Added to	, ,		
24	25	29 30	<u>'</u>		Trust Fund Contribution 10. Name and Address of New Registered A		1 Fees		
	9. Name and Address of Current	t Registered Agent	81	Name	1	igone .			
					VESTAL, LUCIAN L.				
MIKOS, JOHN W.				Street Address (P.O. Box Number is Not Acceptable) 1048 PINE HARRIER CIR					
7482 N LEE WYNN DR			83		TE TO THE TOMOCIES				
SARASOT	A FL 34240		"						
			84	City	SARASOTA FL	85 Zip C	ode -231		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508. Florida Statutes.	the abov	a_named co	ornoration submits this statement for the purpose of o	hanging its	registered		
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 Satutes									
	m tamiliar with, and accept the obligati	lons of, Section 617.0503, Fibrida	a Statute:	•	To land	71/	199		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: B	gister d Age	nt signature req	pulred when reinstating) DATE	na,	 '		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12		
TITLE	PD	▼ DELETE	1.1 TITLE		PD	Change	☐ Addition		
NAME	MIKOS, JOHN W		1.2 NAME		VESTAL, LUCIAN L.	_			
STREET ADDRESS	7482 N LEEWYNN DR		1.3 STREE	TADORESS	1648 PINE HARRIER CI	R			
CITY-ST-ZIP	SARASOTA FL 44		1.4 CITY-5	ST-ZIP	SARASOTA, FL 34231-	<u> 3353</u>			
TITLE	SD	▼ DELETE	2.1 TITLE		VD -	Change	☐ Addition		
NAME	PASKEWICH, JAMES T		2.2 NAME		DENT, KATHY J.				
STREET ADDRESS	4084 HEARTHSTONE DR		2.3 STREE	TADDRESS	330 S. ORANGE AVE	1-1	1		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP	SARA 50TA, FL 34236-6				
TITLE	VD · · · ·	^ ŒDELETE · -	3.1 TITLE	- 1	SD SHAUGHNE	Change	☐ Addition		
NAME	MORGAN, RICHARD D		3.2 NAME	1	SHAUGHNESSY, JOHN L.		!		
STREET ADDRESS	8250 N LEEWYNN DR		3.3 STREE	TADORESS	1660 GEORGETOWNE BLVD				
CITY-ST-ZIP	SARASOTA FL 41		3.4. CTY-	ST-ZIP	JARASONA, FL 34232-				
TITLE	TD	☐ DELETE	4.1 TITLE			Change	Addition		
NAME	BROWN, DAVID L		4. 2 NAME						
STREET ADDRESS	4170 HEARTHSTONE DR		4.3 STREE	TADDRESS					
CITY-ST-ZIP	SARASOTA FL 03	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME	1			ļ		
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-8	ST-ZIP			Addition		
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					

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, with all other like empowered.

SIGNATURE:

DENATORIAN DISTRICTOR DIRECTOR DIRECTOR DATE 3-22-99 366-6603

CR2F037_(11/98)