

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22826

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE BETTER GOVERNMENT ASSOCIATION OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 18483
SARASOTA, FL 342761483

New Principal Place of Business:

4170 HEARTHSTONE DR
SARASOTA, FL 34238

Current Mailing Address:

P.O. BOX 18483
SARASOTA, FL 342761483

New Mailing Address:

FEI Number: 65-0020546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LIEBERT, PATRICIA
Address: 4361 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: SHELDON, RICHARD G
Address: 3650 COUNTRY PLACE BLVD
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: BROWN, DAVID L
Address: 4170 HEARTHSTONE DR
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LIEBERT, PATRICIA
Address: 4361 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Change () Addition
Name: MATTHEWS, WADE
Address: 5152 ADMIRAL PLACE
City-St-Zip: SARASOTA, FL 34231

Title: PD (X) Change () Addition
Name: BROWN, DAVID L
Address: 4170 HEARTHSTONE DR
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L BROWN

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date