FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State

DIVISION OF CORPORATIONS

1996

SIGNATURE: __

DOCUMENT # N25196

(9)

1. Corporation S.A.I.L.	FOUNDATION OF SARASC	` '		1 (8 1) (8 1) (8 1) (8 1) (8 1) (8 1)	
Principal Place	of Business	Mailing Address			III BIBII BIBII BIBII BIBII BIBII BIBII BIBII IBBI
**GEORGE R. MCLAIN		717			
Unitrocin	1 54200	ONINGOTA PE 07200		 Date Incorporated or Qualified 03/03/1988 	3a. Date of Last Report 04/25/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26 Suite, Apt. #, etc.		65-0039050	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p	Country 30	8. This corporation has liability for inta	angible tax under s. 199.032, Yes 🏻 No
	9. Name and Address of Current	L L	130	10. Name and Address of New Reg	
		<u> </u>	81 Name	<u> </u>	
- MCLAIN, GEORGE R. 1800 SECOND ST. SUITE 717			B2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			direct Flock		
			63		
SARASC	OTA FL 34236		84 City		85 Zip Gode
44 []	40-617-0500	and C17 4500. Finish Disk			FL
or register	red agent, or both, in the State of Florid	and 617,1508, Florida Statu a. Such change was author	ites, the above-named corpor ized by the corporation's boai	ration submits this statement for the purpord of directors. I hereby accept the appoin	se of changing its registered office timent as registered agent. I am
	th, and accept the obligations of, Section	on 617.0503, Florida Statute	es.		
SIGNATURE .	Signature, typed or printed name of regist-free agent a	inditite if applicable (N	NOTE: Registered Agent signature registre	d when reinstating	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	□ DELÉTE	1 1 TITLE		Change 🛗 Addition
NAME	JAHN, S.H.		12 NAME		
STREET ADDRESS	3947 MOCKINGBIRD HILL SARASOTA FL		1.9 STREET ADDRESS		
CITY - ST - ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	BOSTIC, JERRY A.	-	2 2 NAME		
STREET ADDRESS	1540 N. LOCKWOOD RIDGE		2 3 STREET ADDRESS		
CITY - ST - ZiP	SARASOT FL		2 4 CITY-ST-ZIP		
TITLE	D	□ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAHN, GAYLE		3 2 NAME		
STREET ADDRESS	1135 APPLE VALLEY RD.		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MADISON TN 37115	□ DELETE	3.4 C(TY-ST-Z(P) 4.1 T(TLE)		Change Addition
NAME	CAROL BURMAN-	JUMN	4 2 NAME		
STREET ADDRESS	3947 MOCKINGBIRDHILL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARKSOTH. ITL		4.4 CITY+ST+ZIP		
TITLE		DELETE	5 1 TITLE	10000186	Grange Addition
NAME			5.2 NAME	-06/19/960100	1020
STREET ADDRESS			5 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP		□n(cre	5 4 CITY - S1 - ZIP	<u> </u>	Change D Midition
TITLE		DELETE	61 TITLE		Change 🔲 Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		7/.
CITY-ST-ZIP			6 4 CITY-ST-ZIP		(1)2
14. I do hereb			mished and does not qualify f	or the exemption stated in Section 119.07	
oath: that		ation or the receiver or trust	tee empowered to execute thi	ate and that my signature shall have the sa s report as required by Chapter 617, Floric	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4-6-96 366-3039