FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 10 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29498 (5)

1. Corporation Name
SARASOTA COUNCIL OF CONCERN, INC.

Principal Place of Business	Mailing Address
~~1442 FRUITVILLE ROAD~~ SARASOTA FL 34236	~~1442 FRUITVILLE ROAD~~ SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1988
3a. Date of Last Report: 05/11/1994
4. FEI Number: 65-0086792 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1442 Fruitville Road	26 1442 Fruitville Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, M.R.
3448 PINE VALLEY
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, BARBARA	1.2 NAME		
STREET ADDRESS	6089 CLUBSIDE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, CONSTANCE B.	2.2 NAME		
STREET ADDRESS	4662 GLEASON AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP		
TITLE	CP	3.1 TITLE		☒ Change ☐ Addition
NAME	MOYES, JOYCE	3.2 NAME	Noyes, Joyce	
STREET ADDRESS	4362 MARSEILLES AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	GENTSCH, ALETTA	4.2 NAME		
STREET ADDRESS	3033 MAYFLOWER	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, JIM	5.2 NAME	M. R. Williams	
STREET ADDRESS	3448 PINE VALLEY DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	FREYER, ELLY	6.2 NAME		
STREET ADDRESS	4629 GLENBROOK DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: M R Williams M. R. Williams 1-18-95 (813) 923-2190
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0018401