

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N29498 (5)

1. Corporation Name

SARASOTA COUNCIL OF CONCERN, INC.



Principal Place of Business

1442 FRUITVILLE ROAD  
SARASOTA FL 34236

Mailing Address

1442 FRUITVILLE ROAD  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
11/30/1988

3a. Date of Last Report  
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300001790033

83

-04/23/96--01028--033

84 City

\*\*\*61.25

FL

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, BARBARA	
STREET ADDRESS	6089 CLUBSIDE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAIN, CONSTANCE B.	
STREET ADDRESS	4662 GLEASON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	NOYES, JOYCE	
STREET ADDRESS	4362 MARSEILLES AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GENTSCH, ALETTA	
STREET ADDRESS	3033 MAYFLOWER	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, M.R.	
STREET ADDRESS	3448 PINE VALLEY DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FREYER, ELLY	
STREET ADDRESS	4629 GLENBROOK DRIVE	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elly Freyer	
1.3 STREET ADDRESS	2229 Bougainvillea Street	
1.4 CITY-ST-ZIP	Sarasota, FL 34239	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rev. Floyd W. Ewalt	
2.3 STREET ADDRESS	1528 Springwood Drive	
2.4 CITY-ST-ZIP	Sarasota, FL 34232-3347	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kay Kangas	
3.3 STREET ADDRESS	3040 Goodwater Street	
3.4 CITY-ST-ZIP	Sarasota, FL 34231	
4.1 TITLE	VP2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jean White	
4.3 STREET ADDRESS	2678 Golf Course Drive	
4.4 CITY-ST-ZIP	Sarasota, FL 34234	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Wernick	
5.3 STREET ADDRESS	7566 Fairlinks Ct.	
5.4 CITY-ST-ZIP	Sarasota, FL 34243	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Shirley Kimmens	
6.3 STREET ADDRESS	9907 Suncrest Street	
6.4 CITY-ST-ZIP	Parrish, FL 34219	

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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996

Date

365-57999

Daytime Phone #

CR2E037 (12/95)