FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Aug 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N29498

(5)

SARAS	SOTA COUNCIL OF CONCE	RN, INC.			
Principal Plac	e of Business	Mailing Address		-	obil alauf digil elaif bibil aibil alaif iodi
1442 FRUITVILLE ROAD 1442 FRUITVILLE ROAD SARASOTA FL 34236 SARASOTA FL 34236-4912			2		
				3. Date Incorporated or Qualified 11/30/1988	3a. Date of Last Report 04/22/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0086792	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes D No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	pistered Agent
			81 Name		
	VIS, M.R. INE VALLEY		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	OTA FL 34239		83		
	&		84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 617,1508, Florida Statut of Florida. Such change was ations of, Section 617,0503, Fl	les, the above-named corp authorized by the corporal orida Statules.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered to the appointment as registered
SIGNATURE					
10	Signature, typed or printed name of registered ager OFFICERS AND		E: Registered Agent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE PEDE AND DIDECTORS IN 12
12. TITLE	D OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	EWALT, FLOYD W REV		1.2 NAME		
STREET ADDRESS	1528 SPRINGWOOD DRIVE		1.3 STREET ADDRESS		
	SARASOTA FL 34232-3347		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, CONSTANCE B.		2.2 NAME		
STREET ADDRESS	4862 GLEASON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		2. 4 CITY-ST-ZIP		
TITLE	P	DELETE	3.1 TITLE		Change Addition
NAME	FREYER, ELLY		3.2 NAME		
STREET ADDRESS	2229 BOUGAINVILLEA STREE	ET .	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		3.4, CITY-ST-ZIP		
TITLE	VP	DELETE	4.1 TITLE		Change Addition
NAME	KANGAS, KAY		4. 2 NAME		
STREET ADDRESS	3040 GOODWATER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY-ST-ZIP		
TITLE 3-		☐ DELETE	5.1 TITLE		Change Addition
NAME	WILLIAMS, M.R.		5.2 NAME		$\mathcal{D}\epsilon$
STREET ADDRESS	3448 PINE VALLEY DRIVE		5.3 STREET ADDRESS		8.70
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	VP2	DELETE	6.1 TITLE		Change Addition
NAME	WHITE, JEAN		6.2 NAME	50000227	'5995
STREET ADDRESS	2678 GOLF COURSE DRIVE		6.3 STREET ADDRESS	50000227 -08/25/970101	ເຂົ້າຕົດຈົ

14. I do 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.