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03-06-1999 90063 024 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29498

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/30/1988

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

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 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 **D** ☐ DELETE
NAME **EWALT, FLOYD W REV**
STREET ADDRESS **1528 SPRINGWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232-3347**

TITLE **D** ☐ DELETE
NAME **SWAIN, CONSTANCE B.**
STREET ADDRESS **4662 GLEASON AVENUE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☒ DELETE
NAME **FREYER, ELLY**
STREET ADDRESS **2751 BAY OAKS DR**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VP** ☐ DELETE
NAME **KANGAS, KAY**
STREET ADDRESS **3040 GOODWATER STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, M.R.**
STREET ADDRESS **3448 PINE VALLEY DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP2** ☐ DELETE
NAME **WHITE, JEAN**
STREET ADDRESS **2678 GOLF COURSE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **President**
3.3 STREET ADDRESS **Craig Allen**
3.4 CITY-ST-ZIP **Palm Avenue Villas**
Sarasota, FL 34234

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

MS GND Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Williams

2/22/99

(941) 9273738

Date

Daytime Phone #

CR2E037 (11/98)