

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29498**

1. Entity Name  
**SARASOTA COUNCIL OF CONCERN, INC.**



Principal Place of Business  
1442 FRUITVILLE ROAD  
SARASOTA, FL 34236

Mailing Address  
1442 FRUITVILLE ROAD  
SARASOTA, FL 34236



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0086792**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	HURLEY, EDWARD
STREET ADDRESS	7452 ELEANOR CIR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	SWAIN, CONSTANCE B.
STREET ADDRESS	4662 GLEASON AVENUE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	P
NAME	ALLEN, CRAIG
STREET ADDRESS	1530 EASTBROOK DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	KANGAS, KAY
STREET ADDRESS	4223 BOWLING GREEN CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	WILLIAMS, M.R.
STREET ADDRESS	3448 PINE VALLEY DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	WHITE, JEAN
STREET ADDRESS	2678 GOLF COURSE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34234

000000229011  
02/14/05-80062-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Edward Hurley, Treas* **EDWARD HURLEY, TREAS** 2/11/05 941-365-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #