

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29498

FILED
Feb 21, 2009
Secretary of State

Entity Name: SARASOTA COUNCIL OF CONCERN, INC.

Current Principal Place of Business:

1442 FRUITVILLE ROAD
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1442 FRUITVILLE ROAD
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0086792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHAFFEY, RICHARD
4316 BOWLING GREEN CIRCLE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

MAHAFFEY, RICHARD H
4316 BOWLING GREEN CIRCLE
SARASOTA, FL 34233 US

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.

SIGNATURE: EDWARD HURLEY

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HURLEY, EDWARD
Address: 7452 ELEANOR CIR
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: MAHAFFEY, RICHARD
Address: 4316 BOWLING GREEN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: SLOAN, NANCY
Address: 6751 PROFESSIONAL PKWY. STE 104
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: LUDKE, SHIRLEY
Address: 3504 MEDFOILD LANE
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HURLEY

T

02/21/2009

Electronic Signature of Signing Officer or Director

Date