


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N31429 1. Entity Name SARASOTA COUNTY YOUTH FOUNDATION, INC.	
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Principal Place of Business % CHARLES J. BARTLETT 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237-6052	Mailing Address % CHARLES J. BARTLETT 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237-6052
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01072004 No Chg-NP CF2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0113865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARTLETT, CHARLES J 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000128060
04/26/04-80023-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOWELL, EDWARD 1000 S. SCHOOL AVE. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JORDAN, RICH 4171 FRUITVILLE RD. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, BARBARA 3120 SOUTHGATE CR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERASICK, HOWARD 5304 FOX RUN ROAD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(i), 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: Howard S. Kerasick Howard Kerasick 4/21/04 (941) 809-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #