2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N31429

1. Entity Name
SARASOTA COUNTY YOUTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
% CHARLES J. BARTLETT 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237-6052	% CHARLES J. BARTLETT 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237-6052

01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0113865
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, CHARLES J
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

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

Filing Fee is $61.25
Due by May 1, 2005

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

U00000344210
04/25/05-60127-018 61.25

10. OFFICERS AND DIRECTORS

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

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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 Kerasick Howard Kerasick 4/24/05 (941) 809-8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #