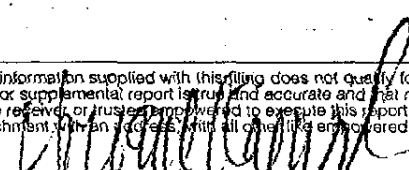


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N31429 1. Entity Name SARASOTA COUNTY YOUTH FOUNDATION, INC.		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTLETT, CHARLES J 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		
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 reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000417906 02/13/06-80071-025 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, until all over-life employment.		
SIGNATURE:  Howard Kerasick 1/29/06 941-809-8250 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0113865	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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