

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 031 ****70.00

DOCUMENT # N32854

1. Entity Name
**BOYS' AND GIRLS' CLUBS OF SARASOTA COUNTY
FOUNDATION, INC.**



Principal Place of Business
**3100 FRUITVILLE ROAD
SARASOTA, FL 34237 US**

Mailing Address
**2381 FRUITVILLE RD.
SARASOTA, FL 34237 US**

400024



01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0136035

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIETZ, GEORGE A.
1550 RINGLING BLVD.
SARASOTA, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SKARBK, BRIAN**
STREET ADDRESS **8586 PETTER PARK DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIETZ, GEORGE A.**
STREET ADDRESS **1550 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MOTT, RICHARD H. III**
STREET ADDRESS **1515 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PENDER, MICHAEL**
STREET ADDRESS **2381 FRUITVILLE RD.**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEWLEY, DAVID**
STREET ADDRESS **PO BOX 3018**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **01** ☐ Delete
NAME **J. Mack Reid**
STREET ADDRESS **3100 Fruitville Rd**
CITY-ST-ZIP **Sarasota, FL 34237**

TITLE ☐ Change ☒ Addition
NAME **J. Mack Reid**
STREET ADDRESS **3100 Fruitville Rd**
CITY-ST-ZIP **Sarasota, FL 34237**

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, with all other like empowered.

SIGNATURE:

J. Mack Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08
Date

941-366-3911
Daytime Phone #