FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:04

DOCUMENT # **N34326** **(1)**

1. Corporation Name

YANA FOUNDATION OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 N BENEVA RD SUITE 660 SARASOTA FL 34232 US	501 N. BENEVA RD SUITE 660 SARASOTA FL 34232 US

3. Date Incorporated or Qualified: 09/21/1989
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2976471 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MC KEAN, PAUL L ESQ
3671 WEBBER ST #B
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P-D-	☒ Change ☒ Addition
NAME	DELOACH, SUE	1.2 NAME	William Newell	
STREET ADDRESS	5457 D'ORSEY ST	1.3 STREET ADDRESS	560 Poinciana Dr	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	DS	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MEEKS, DANA	2.2 NAME		
STREET ADDRESS	3709 ASBURY PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LOCKETT, RALPH	3.2 NAME		
STREET ADDRESS	3735 AFTON WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T-VP- D-	☒ Change ☐ Addition
NAME	LOCKETT, BARKER	4.2 NAME		
STREET ADDRESS	4911 TRAYLOR AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, AL	5.2 NAME		
STREET ADDRESS	1350 FILE AVE #4	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	D-S	☐ Change ☒ Addition
NAME	HUDSON, HOMER	6.2 NAME	Ralph Warrington	
STREET ADDRESS	3515 NORWOOD CT.	6.3 STREET ADDRESS	5200 Eastchester	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota FL 34234	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: R.K. Beale Ex Director, R.K. BEALE 1/18/95 813-951-6613
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003374