

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34326

(1)

1. Corporation Name

YANA FOUNDATION OF SARASOTA, INC.



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
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number

59-2976471

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEWELL, WILLIAM	
STREET ADDRESS	560 POINCIANNA DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MECKS, DANA	
STREET ADDRESS	3709 ASBURY PL	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOCKETT, RALPH	
STREET ADDRESS	3735 AFTON WAY	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TVPD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKETT, BARKER	
STREET ADDRESS	4911 TRAYLOR AVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, AL	
STREET ADDRESS	1350 FILE AVE #4	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WARRINGTON, RALPH	
STREET ADDRESS	5200 EAST CHESTER	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wm. Stewart	
1.3 STREET ADDRESS	538 BEARDALE OAKS CR	
1.4 CITY - ST - ZIP	SARASOTA, FL. 34232	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robt. Wilson	
3.3 STREET ADDRESS	P.O. Box 20152 NA	
3.4 CITY - ST - ZIP	BRADENTON, FL. 34203	
4.1 TITLE	D - VIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wm Devereaux	
4.3 STREET ADDRESS	7125 Fruitville	
4.4 CITY - ST - ZIP	SARASOTA FL. 34240	
5.1 TITLE	D - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Boone	
5.3 STREET ADDRESS	1700 Bayview DR	
5.4 CITY - ST - ZIP	SARASOTA FL - 34239	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

342-7806

342-7806

CR2E037 (12/95)