

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34326 (1)**

1. Corporation Name

**YANA FOUNDATION OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

501 N BENEVA RD  
SUITE 680  
SARASOTA FL 34232  
US501 N. BENEVA RD  
SUITE 680  
SARASOTA FL 34232-1314  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1989</b>		3a. Date of Last Report <b>01/31/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2976471</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC KEAN, PAUL L ESO  
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEWART, WILLIAM		1.2 NAME	MC WILLIAMS, JIM			
STREET ADDRESS	538 BEARDED OAKS CIR.		1.3 STREET ADDRESS	1815 WISTERIA			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEEKS, DANA		2.2 NAME	MARC LAZARUS			
STREET ADDRESS	3709 ASBURY PL		2.3 STREET ADDRESS	1700 S. TAMiami TRAIL			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, ROB T		3.2 NAME	ROGER YEAZIL			
STREET ADDRESS	P.O. BOX 20152		3.3 STREET ADDRESS	6145 MIDNIGHT PASS ROAD			
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEVEREAUX, WM		4.2 NAME	WILLIAM DEVEREAUX			
STREET ADDRESS	7125 FRUITVILLE		4.3 STREET ADDRESS	4312 MIDLAND			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOONE, DAVID		5.2 NAME	KAREN SWANSEN			
STREET ADDRESS	1700 BAYVIEW DR.		5.3 STREET ADDRESS	2736 JAMAICA ST., #1			
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WARRINGTON, RALPH		6.2 NAME	STEVE OSTENSON			
STREET ADDRESS	5200 EAST CHESTER		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA, FL			

14. I do 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 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

Date

Daytime Phone # 0062939

CR2E037 (9/96)