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Feb 17 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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 080  
SARASOTA FL 34232  
US**

**501 N. BENEVA RD  
SUITE 080  
SARASOTA FL 34232  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MC KEAN, PAUL L ESQ  
3871 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

1.1 TITLE ☐ DELETE

NAME **MCWILLIAMS, JIM**  
STREET ADDRESS **1815 WISTERIA**  
CITY- ST- ZIP **SARASOTA FL**

1.2 TITLE ☐ DELETE

NAME **LAZARUS, MARC**  
STREET ADDRESS **1700 S TAMiami TRAIL**  
CITY- ST- ZIP **SARASOTA FL**

1.3 TITLE ☐ DELETE

NAME **YEAZL, ROGER**  
STREET ADDRESS **6145 MIDNIGHT PASS RD**  
CITY- ST- ZIP **SARASOTA FL**

1.4 TITLE ☐ DELETE

NAME **DEVEREAUX, WILLIAM**  
STREET ADDRESS **4312 MIDLAND**  
CITY- ST- ZIP **SARASOTA FL**

1.5 TITLE ☒ DELETE

NAME **SWANSEN, KAREN**  
STREET ADDRESS **2738 JAMICA ST, #1**  
CITY- ST- ZIP **SARASOTA FL**

1.6 TITLE ☒ DELETE

NAME **OSTENSON, STEVE**  
STREET ADDRESS **5200 E CHESTER**  
CITY- ST- ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

NAME **VICE PRESIDENT**  
STREET ADDRESS **W.R. FOX**  
CITY- ST- ZIP **1719 MAIN STREET SARASOTA, FL 34230**

2.1 TITLE ☒ Change ☒ Addition

NAME **PAUL MCLEAN SECRETARY**  
STREET ADDRESS **3671 Webber St. Suite B**  
CITY- ST- ZIP **SARASOTA, FL 34232**

3.1 TITLE ☐ Change ☒ Addition

NAME **BILL STEWART**  
STREET ADDRESS **538 BEARDED OAK CIR**  
CITY- ST- ZIP **SARASOTA, FL 34232**

4.1 TITLE ☐ Change ☒ Addition

NAME **S.H. JAHN**  
STREET ADDRESS **8947 Mocking Bird Hill**  
CITY- ST- ZIP **SARASOTA, FL 34232**

5.1 TITLE ☐ Change ☒ Addition

NAME **DEBRA JONES**  
STREET ADDRESS **2071 Ringling Blvd #400**  
CITY- ST- ZIP **SARASOTA, FL 34236**

6.1 TITLE ☐ Change ☒ Addition

NAME **PAT MCABE**  
STREET ADDRESS **1462 4TH ST**  
CITY- ST- ZIP **SARASOTA, FL 34236**

14. I 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: *William Devereaux*

1-29-98 941-951-6611

CR2E037 (10/97)