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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34326

1. Corporation Name

Yana Foundation of Sarasota, Inc.

Principal Place of Business	Mailing Address
501 N. Beneva Rd. Ste. 660 Sarasota, FL 34232	501 N. Beneva Rd. Ste. 660 Sarasota, FL 34232

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 9/21/89
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2976471 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
McKean, 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	McWilliams, Jim 1815 Wisteria Sarasota, FL 34	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MIRIAM Lacher 1625 South Osprey Ave. Sarasota, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lazarus, Marc 1700 S. Tamiami Trail Sarasota, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S. H. Jahn 3947 Mockingbird Hill Sarasota, FL 34231	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Yeazl, Roger 6415 Midnight Pass Rd. Sarasota, FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Richard Kramer 7850 Allen Robertson Pl. Sarasota, FL 34240	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President WR Fox 1819 Main Street Sarasota, FL 34232	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Barker Lockett PHD 4911 Traylor Ave. Sarasota, FL 34234	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul McKean - Secretary 3671 Webber St. Ste. B Sarasota, FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Pat McCabe 1462 4th Street Sarasota, FL 34236	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bill Stewart 538 Bearded Oak Sarasota, FL 34232	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Genevieve Patzner,LMHC,CAP c/o First Step 2800 Bahia Vista Ste 3000 Sarasota, FL 34239	☐ Change ☐ Addition

CR2E037 (1/1/98)

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, with all other like empowered.

SIGNATURE: William P Brennan Director 4-6-99 941-951-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #