

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34980

FILED
Jan 17, 2008
Secretary of State

Entity Name: PINES OF SARASOTA FOUNDATION, INC.

Current Principal Place of Business:

1501 N ORANGE AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4253
SARASOTA, FL 34230 US

New Mailing Address:

1501 N ORANGE AVE
SARASOTA, FL 34236 US

FEI Number: 59-2988752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, ESTELLE P
PINES OF SARASOTA FOUNDATION
1501 NORTH ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: BYRD, SHAWN
Address: 1800 2ND ST/WACHOVIA BANK
City-St-Zip: SARASOTA, FL 34236

Title: ST () Delete
Name: WILHELM, PEGGY
Address: 1425 BAY POINT DR
City-St-Zip: SARASOTA, FL 34236

Title: VCT () Delete
Name: RANCK, RUTH
Address: 1605 MAIN ST SUITE 800
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: MARTIN, THOMAS JR
Address: 783 SOUTH ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELLE CRAWFORD

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date