

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34980

FILED
Feb 05, 2009
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:

1501 N ORANGE AVE
SARASOTA, FL 34236 US

New Mailing Address:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CT (X) Change () Addition
Name: WAECHTER, ROBERT
Address: 6539 PEACOCK RD
City-St-Zip: SARASOTA, FL 34242

Title: ST (X) Change () Addition
Name: RANCK, RUTH
Address: 6825 WAGON WHEEL CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: T (X) Change () Addition
Name: BYRD, SHAWN
Address: 4895 CARRINGTON DR
City-St-Zip: SARASOTA, FL 34243

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

Electronic Signature of Signing Officer or Director

PRES

02/05/2009

Date