

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:35**

DOCUMENT # N35246 (0)
1. Corporation Name
SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O VELTON HODGES
3667 WEBBER STREET
SARASOTA FL 34232-4412**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/17/1989** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-1147342** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
24 25 29 30

9. Name and Address of Current Registered Agent
**HODGES, VELTON
4551 HIDDEN FOREST
SARASOTA FL 34232**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HODGES, VELTON
STREET ADDRESS	4551 HIDDEN FOREST
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	ELTORNICK, KAREN
STREET ADDRESS	3548 ROXANNE BLVD.
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	PINE, LINDA
STREET ADDRESS	2731 LINWOOD DR
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	GARDNER, PATRICIA
STREET ADDRESS	1509 SHADOW RIDGE CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine Mayer
2.3 STREET ADDRESS	2933 Country View Lane
2.4 CITY-ST-ZIP	SARASOTA FLORIDA 34223
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Noreen Klang
3.3 STREET ADDRESS	2327 Bay St.
3.4 CITY-ST-ZIP	SARASOTA FLORIDA 34237
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Velton V. Hodges 4/10/95 (813) 921-5365
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #