FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FUORIDA DEPARTMENT OF STATE Sandra B. Moham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

N35246

SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

2				
Principal Place of Business		Mailing Address		- I JORANION DOO TINON DIAND FRAN DIANG ERIN DIDIN BREEN DIEN DIDIN DIDIN DIDIN DIDIN DIDIN
C/O VELTON HODGES 3667 WEBBER STREET SARASOTA FL 34232-4412		C/O VELTON HODGES 3667 WEBBER STREET SARASOTA FL 34232-4412		
	WTROS TTIE	****		3. Date incorporated or Qualified 3a. Date of Last Report 03/05/1996
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	}	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zıp	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
*	9. Name and Address of Current			10. Name and Address of New Registered Agent
			81 Name	
HODGES, VELTON			82 Street	Address (P.O. Box Number is Not Acceptable)
4551 HIDDEN FOREST SARASOTA FL 34232			83	
			84 City	85 Zip Code
44 Pursuant t	to the province of Sections 617 0502	and 617 1508 Florida Statute	the shows named	Corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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.				
	n familiar with, and accept the obligat	ions of, Section 617,0503, Flor	ida Statutes.	
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE ,	Change Addition
NAME	HODGES, VELTON		1.2 NAME	·
STREET ADDRESS	4551 HIDDEN FOREST		1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	
TITLE	VD	☐ DELETE	21 TITLE	T/D S Change Addition
NAME	MAYER, CHRISTINE		2.2 NAME	MAYER, CHRISTINE
STREET ADDRESS	3933 COUNTRY VIEW LANE		2.3 STREET ADDRESS	3933 COUNTRY VIEW LANE
CITY-ST-ZIP	SARASOTA FL		2.4 CITY+ST-ZIP	SARASOTA FLORIDA 34233
TITLE	VD.	X) DELETE	3.1 TITLE	S/D Change (X) Addition
NAME	KLANG, NOREEN		3.2 NAME	BRUCE BLUM
STREET ADDRESS	2327 BAY ST		3.3 STREET ADDRESS	2735 LYLE ST
CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP	SARASOTA FLORIDA 34237
TOLE	TD	DELETE	4.1 TITLE	V/D
NAME	GARDNER, PATRICIA		4. 2 NAME	GARDNER, PATRICIA
STREET ADDRESS	5388 ASHLEY PKWY		4.3 STREET ADDRESS	5388 ASHLEY PKWY
CITY-ST-ZIP	SARASOTA FL	D bci ctc	4.4 CITY-ST-ZIP	SARASOTA FLORIDA 34241
TITLE	ı	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME BIREET ADDRESS	ı		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CiTY+ST-ZIP 6.1 TiTLE	Change Addition
TITLE NAME	1	E pacere		. La change La comon
1	1		6.2 NAME	
STREET ADDRESS	ı		6 3 STREET ADDRESS	
14. Ldo hereb	ov certify that the information supplied	with this filing does not qualify	6.4 City-St-ZIP	stated in Section 119 07/(3)(i) Florida Statutes I further certify that the
14. I do 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 additions.				

SIGNATURE:

1/86/97

941-921-5365

FILED

Feb 17 1997 8:00am

Secretary of State