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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N35246

1. Corporation Name

SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

Principal Place of Business

C/O VELTON HODGES 3667 WEBBER STREET SARASOTA FL 34232-4412

Mailing Address

C/O VELTON HODGES 3667 WEBBER STREET SARASOTA FL 34232-4412



2. Principal Place of Business

21 4675 S. Tamiami Trail

2a. Mailing Address

26 4675 S. Tamiami Trail

3. Date Incorporated or Qualified

11/17/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1147342

Applied For

Not Applicable

City & State

23 Sarasota Florida

City & State

28 Sarasota Florida

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Zip Country

24 34231 25 U.S.

Zip Country

29 34231 30 U.S.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETED

NAME HODGES, VELTON STREET ADDRESS 4551 HIDDEN FOREST CITY-ST-ZIP SARASOTA FL

TITLE TD DELETED

NAME MAYER, CHRISTINE STREET ADDRESS 3933 COUNTRY VIEW LANE CITY-ST-ZIP SARASOTA FL

TITLE SD DELETED

NAME BRUCE BLUM STREET ADDRESS 2735 LYLE ST. CITY-ST-ZIP SARASOTA FL

TITLE VD DELETED

NAME GARDNER, PATRICIA STREET ADDRESS 5388 ASHLEY PKWY CITY-ST-ZIP SARASOTA FL

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(941) 922-9022

Date

Daytime Phone #

CR2E037 (1/98)