

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35246

**FILED**  
**Jan 06, 2004**  
**Secretary of State**

**Entity Name:** SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4675 S. TAMIAMI TR.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4675 S. TAMIAMI TR.  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 59-1147342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATRICIA A. GARDNER  
5388 ASHLEY PARKWAY  
SARASOTA, FL 34241

**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: PD ( ) Delete  
Name: GARDNER, PATRICIA A PRESIDE  
Address: 5388 ASHLEY PARKWAY  
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete  
Name: MINTER, TERRIE TREASUR  
Address: 4675 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: FITZGERALD, KEVYN SEC  
Address: 5638 ANTIETAM DRIVE  
City-St-Zip: SARASOTA, FL 34276

Title: VD ( ) Delete  
Name: WHITE, DEE VP  
Address: 373 SEA GRAPE DRIVE  
City-St-Zip: VENICE, FL 34293

**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 for the exemption stated in Section 119.07(3)(i), 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: PATRICIA A. GARDNER

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date