

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35246

FILED
Jan 20, 2009
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 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: 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: GROSS, VICTORIA SEC
Address: 4675 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: MAYER, CHRIS VP
Address: 3933 COUNTRY VIEW LANE
City-St-Zip: SARASOTA, FL 34233

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 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: PATRICIA A, GARDNER

PD

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date