

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N37090**

**(0)**

1. Corporation Name

**SARASOTA ADOPT-A-FAMILY, INC.**



Principal Place of Business

P.O. BOX 1348  
SARASOTA FL 34278  
US

Mailing Address

P.O. BOX 2859  
SARASOTA FL 34230  
US

3. Date Incorporated or Qualified  
**03/06/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **1310 East Ave**

2a. Mailing Address

26 **SAME**

4. FEI Number

**65-0177826**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BEARD, ALICE A.  
3910 BRAZILNUT AVE.  
SARASOTA FL 34234**

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** ☐ DELETE  
NAME **BEARD, ALICE A.**  
STREET ADDRESS **3910 BRAZILNUT AVE.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **ALBERT, FRANK**  
STREET ADDRESS **1065 GULF OF MEXICO DR.**  
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **C** ☐ DELETE  
NAME **PATRICK, SANDRA**  
STREET ADDRESS **2418 HATTON ST.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **DS** ☐ DELETE  
NAME **STRATTMANN, GENE**  
STREET ADDRESS **244-F 9TH ST.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **BEARD, LEVITT**  
STREET ADDRESS **3910 BRAZILNUT AVE.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **PERSSON, PAT**  
STREET ADDRESS **544 ROUNDTREE DR.**  
CITY-ST-ZIP **LONGBOAT KEY FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**355-0821**

CR2E037 (12/95)