

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 049 ****70.00

DOCUMENT # N37090

1. Corporation Name

SARASOTA ADOPT-A-FAMILY, INC.

580921 - 90006 - 49

DEPARTMENT OF STATE

Principal Place of Business

2072 17TH ST
SARASOTA FL 34234
US

Mailing Address

P.O. BOX 14028
SARASOTA FL 34278
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/06/1990

21

26

4. FEI Number

Applied For

65-0177826

Not Applicable

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

Alice A Beard Pres. & P
(NOTE: Registered Agent signature required when reinstating)

DATE

5-21-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SMITH, CHERYL
STREET ADDRESS 2744 AUSTIN ST
CITY-ST-ZIP SARASOTA FL 34231
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME PALLER, ORRIE 4
STREET ADDRESS 4632 OAK FOREST DR.
CITY-ST-ZIP SARASOTA FL 34232
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Alice A Beard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alice A Beard 5-21-99 941-9555
6767

CR2E037 (11/98)