

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul-15, 2005 08:00 AM
Secretary of State

DOCUMENT # N37090

1. Entity Name
SARASOTA ADOPT-A-FAMILY, INC.



Principal Place of Business
2072 17TH ST
SARASOTA, FL 34234 US

Mailing Address
2072 17TH ST
SARASOTA, FL 34234 US



05172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0177826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE S
NAME BENNETT, MADELINE
STREET ADDRESS 2894 DAVIS AVE
CITY-ST-ZIP SARASOTA, FL 34237

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000373072
07/15/05-80009-009 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice A. Beard* Alice A. Beard 7-2-05 941-955-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #