

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 # **N40541** (7)

1. Corporation Name

SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O 4748 BENEVA ROAD
SARASOTA FL 34233

C/O 4748 BENEVA ROAD
SARASOTA FL 34233

3. Date Incorporated or Qualified
10/26/1990

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26

4. FEI Number

65-0251553

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARVEY, STEVE
4748 BENEVA ROAD
SARASOTA FL 34233**

81 Name

NA

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HARVEY, ISAAC STEPHENSON**
STREET ADDRESS **% 4748 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **HOLLEY, SANDRA S.**
STREET ADDRESS **% 4748 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **COUCH, WILLIAM WALKER**
STREET ADDRESS **% 1819 MAIN STREET #240**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **PATTON, KIM**
STREET ADDRESS **7892 EAGLE CREEK DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **LIEBERMAN, RAYMOND R.**
STREET ADDRESS **1351 BROOKSIDE DR.**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address

SIGNATURE:

Isaac Stephenson Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/96
941-924-1365
x 325

CR2E037 (12/95)