FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N40541

SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUN DATION, INC.

Principal Place of Business Mailing Address C/O 4748 BENEVA ROAD C/O 4748 BENEVA ROAD 3. Date Incorporated or Qualified SARASOTA FL 34233 SARASOTA FL 34233 10/26/1990 4. FEI Number Applied For 65-0251553 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 20 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Harvey, Steve Street Address (P.O. Box Number is Not Acceptable) **4748 BENEVA ROAD** SARASOTA FL 34233 ALBS STA 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 armiliar with the directors of the corporation ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition HARVEY, ISAAC STEPHENSON 1.2 NAME NAME % 4748 BENEVA ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZW 1.4 CITY-ST-ZIP ■ DELETE Addition 2.1 TITLE TITLE HOLLEY, SANDRA S. 2.2 NAME NAME STREET ADORESS % 4748 BENEVA ROAD 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP __ Addition ☐ DELETE Change 3.1 TITLE COUCH, WILLIAM WALKER 3.2 NAME NAME % 1819 MAIN STREET #240 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE N/A PATTON, KIM NAME 4.2 NAME 7892 EAGLE CREEK DR. STREET ADDRESS 4.3 STREET ADDRESS

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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE 62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

T/Th F

NAME

TITLE

NAME

SARASOTA FL

VENICE FL

LIEBERMAN, RAYMOND R.

1351 BROOKSIDE DR.

■ DELETE

□ DELETE

941-924-13652325

FILED

May 05 1998 8:00am

Secretary of State

Change

Change

... Addition

■ Addition