

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 001 ****61.25

DOCUMENT # **N40541**

Corporation Name

INSTITUTE

SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUNDATION, INC.

Principal Place of Business

C/O 4748 BENEVA ROAD
SARASOTA FL 34233

Mailing Address

C/O 4748 BENEVA ROAD
SARASOTA FL 34233



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	10/26/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	65-0251553
City & State	City & State	Applied For
	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
25	29	\$8.75 Additional Fee Required
	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STORMS, WILLIAM A. JR.
4748 BENEVA ROAD
SARASOTA FL 34233

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

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STORMS, WILLIAM A. JR.		1.2 NAME	
% 4748 BENEVA ROAD		1.3 STREET ADDRESS	
SARASOTA FL 34233		1.4 CITY-ST-ZIP	
D Vice President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOLLEY, SANDRA S.		2.2 NAME	
% 4748 BENEVA ROAD		2.3 STREET ADDRESS	
SARASOTA FL		2.4 CITY-ST-ZIP	
D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
COUGH, WILLIAM WALKER		3.2 NAME	Treasurer
% 1810 MAIN STREET #240		3.3 STREET ADDRESS	ELLIS, GARY
SARASOTA FL		3.4 CITY-ST-ZIP	% 2750 Stickney Point Road
D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sarasota, FL 34231
LIEBERMAN, RAYMOND R.		4.2 NAME	Secretary
1351 BROOKSIDE DR.		4.3 STREET ADDRESS	HIVELY, MARY (FRANKIE)
VENICE FL		4.4 CITY-ST-ZIP	% 4748 Beneva Road
	<input type="checkbox"/> DELETE	5.1 TITLE	Sarasota, FL 34233
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

NATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Storms, Jr. 8-23-99

(941) 924-1365 x325

Date

Daytime Phone #

CR2E037 (5/99)