


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N40541	
1. Entity Name 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
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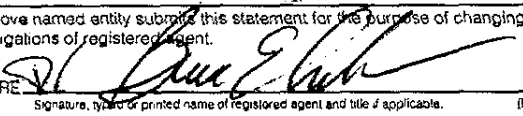
**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0251553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

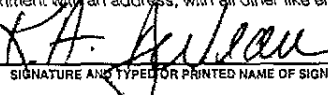
6. Name and Address of Current Registered Agent  ANDERSEN, BRUCE E 4748 BENEVA ROAD SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <u>2/18/04</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000078903 03/08/04-80045-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSEN, BRUCE E % 4748 BENEVA ROAD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STRAW, PETER D 4748 BENEVA RD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEVEAU, KENNETH 4748 BENEVA RD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WHITE, TIM 4748 BENEVA RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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12. 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 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 617, 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:  Kenneth A. Deveau	DATE: FEB 17 2004
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

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924 1365X62309