


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 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



01162006 No Chg-NP CR2E037 (11/05)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 MALTAGHATI, LOUIS 4748 BENEVA RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80022-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	1-17-06	941-924-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone n