2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N43303

Entity Name: THE SARASOTA COUNTY AGING NETWORK, INC.

Current Principal Place of Business:

1888 BROTHER GEENAN WAY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1888 BROTHER GEENAN WAY
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0281380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDBERG, DEBRA S
1888 BROTHER GEENEN WAY
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, MICHAEL
Address: 1888 BROTHER GEENEN WAY
City-St-Zip: SARASOTA, FL 34236

Title: PP ( ) Delete
Name: SANDBERG, DEBORAH
Address: 1888 BROTHER GEENEN WAY
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete
Name: CHERRY, SANDRA
Address: 188 BROTHER GEENEN WAY
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete
Name: MERCER, BILL
Address: 1888 DICKE GORVE HWY
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA CHERRY PRES 06/29/2009

Electronic Signature of Signing Officer or Director — Date