

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90095 007 ****70.00

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DOCUMENT # N47631

1. Corporation Name

SARASOTA COUNTY EDUCATIONAL ASSISTANCE PROGRAM,
INC.

Principal Place of Business

2745 21 ST
SARASOTA FL 34234

Mailing Address

2745 21 ST
SARASOTA FL 34234



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/28/1992

4. FEI Number

65-0316020

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEFFIELD, WILLIE MAE
2745 21 ST
SARASOTA FL 34234

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

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 familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ED SHEFFIELD, WILLIE MAE
STREET ADDRESS
2745 21 ST
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
PD WASHINGTON, ANNIE R.
STREET ADDRESS
4813 ALMANZA AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
VD HUNTER, JOHNNY, SR.
STREET ADDRESS
3006 GOODRICH AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
SD ROGOFF, BOB
STREET ADDRESS
1255 GULFSTREAM AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
TD GRIMES, JETSON
STREET ADDRESS
1580 28 ST
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with an other like empowered.

SIGNATURE: *Willie Mae Sheffield* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 941) 366-4205
Date Daytime Phone #

CR2E037 (11/98)