

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49787

FILED
Apr 25, 2007
Secretary of State

Entity Name: RELEAF SARASOTA COUNTY, INC.

Current Principal Place of Business:

2620 GRAFTON ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2620 GRAFTON ST.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0343776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, BETSY
3227 ASHTON RD.
SARASOTA, FL 34231 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: PED () Delete
Name: MALOFF, ELLEN,
Address: 2620 GRAFTON ROAD
City-St-Zip: SARASOTA, FL 342315110

Title: T (X) Delete
Name: EDWARDS, CHARLES
Address: 3429 WINDING OAKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: HARRIS SENAC, LESLIE
Address: 5583 BLOUNT AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: ROBERTS, BETSY
Address: 3227 ASHTON RD
City-St-Zip: SRASOTA, FL

Title: D () Delete
Name: MEKSRAITIS, JUDY
Address: 3336 THORNWOOD RD.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: ELLEN MALOFF

PED

04/25/2007

Electronic Signature of Signing Officer or Director

Date