
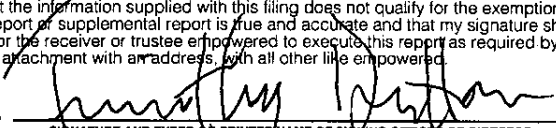


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90057 017 \*\*\*\*\*70.00

<b>DOCUMENT # N93000005300</b> 1. Entity Name <b>SARASOTA COUNTY OPENLY PLANS FOR EXCELLENCE (SCOPE), INC.</b>					
Principal Place of Business 1226 N. TAMiami TRAIL SUITE 202 SARASOTA, FL 34236 US			Mailing Address 1226 N. TAMiami TRAIL SUITE 202 SARASOTA, FL 34236 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0459837</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUTTON, TIM 1226 N TAMiami TRAIL SUITE 202 SARASOTA, FL 34236			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VICE CHAIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUCHER, NANCY		NAME	SUSAN SCOTT	
STREET ADDRESS	842 MANGROVE POINT RD		STREET ADDRESS	1660 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ROBERT		NAME		
STREET ADDRESS	8430 ENTERPRISE CIR., STE 120		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JONO		NAME	JONO MILLER	
STREET ADDRESS	5700 N. TAMiami TRAIL		STREET ADDRESS	5700 N. TAMiami TR	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, TIM		NAME		
STREET ADDRESS	1226 N TAMiami TRAIL, STE. 202		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DART, JOHN		NAME		
STREET ADDRESS	1549 RINGLING BLVD., STE 600		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			1-14-04 941-365-8751		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		