

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 050 ****70.00

DOCUMENT # N93000005300

1. Entity Name
**SARASOTA COUNTY OPENLY PLANS FOR
EXCELLENCE (SCOPE), INC.**



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

01032005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0459837

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

FL

Zip Code

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

Tim Dutton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **ROUCHER, NANCY**
STREET ADDRESS **842 MANGROVE POINT RD**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **LANE, ROBERT**
STREET ADDRESS **8430 ENTERPRISE CIR., STE 120**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **MILLER, JONO**
STREET ADDRESS **5700 N. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **C** ☒ Change ☐ Addition
NAME **SARAH PAPPAS**
STREET ADDRESS **5840 26th STREET WEST**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE **D** ☐ Delete
NAME **DUTTON, TIM**
STREET ADDRESS **1226 N TAMiami TRAIL, STE. 202**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **SCOTT, SUSAN**
STREET ADDRESS **1660 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Tim Dutton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05 941-365-8751