

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90056 021 \*\*\*\*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**

40006330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0459837**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**DUTTON, TIM  
1226 N TAMiami TRAIL  
SUITE 202  
SARASOTA, FL 34236**

## 7. Name and Address of New Registered Agent

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

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, 2008**

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

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

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

TITLE **C** ☒ Delete  
NAME **FINLAY, DUNCAN**  
STREET ADDRESS **8632 DUNMORE DR**  
CITY-ST-ZIP **SARASOTA, FL 34231**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition  
NAME **NANCY ROUCHER**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition  
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 exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-08**

Date

**941-365-8757**

Daytime Phone #