

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 029 ****61.25

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1. Entity Name

THE C. G. JUNG SOCIETY OF SARASOTA, INC.



Principal Place of Business
3652 ALLENWOOD STREET
SARASOTA, FL 34232 US

Mailing Address
P.O. BOX 50611
SARASOTA, FL 34232 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0480102

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

ERICKSON, JOY
3652 ALLENWOOD ST.
SARASOTA, FL 34232

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, 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

TITLE PD
NAME HOERR, JUDY ☒ Delete
STREET ADDRESS 7213 CHURSTON LA
CITY-ST-ZIP BRADENTON, FL 34201

TITLE SD
NAME CONE, ELLEN ☐ Delete
STREET ADDRESS 4617 E ROBINHOOD TRAIL
CITY-ST-ZIP SARASOTA, FL 34232

TITLE TD
NAME OCHIN, SANDY ☐ Delete
STREET ADDRESS 4500 DEL SOL BLVD SO
CITY-ST-ZIP SARASOTA, FL 34243

TITLE VPD
NAME LEMMEL, G. JAY ☐ Delete
STREET ADDRESS 3633 LAKE BAYSHORE DR.
CITY-ST-ZIP BRADENTON, FL 34205

TITLE 2VPD
NAME GURLEY, MARY ☒ Delete
STREET ADDRESS 318 BAYSHORE RD
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Mary Gurley
STREET ADDRESS 318 Bayshore Road
CITY-ST-ZIP Nokomis, FL, 34275

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

TITLE TD ☐ Change ☐ Addition
NAME Gurley, Lawrence
STREET ADDRESS 318 Bayshore Road
CITY-ST-ZIP Nokomis, FL 34275

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

TITLE 2VPD ☐ Change ☐ Addition
NAME Anne Arsenault
STREET ADDRESS 8481 Bay Breeze Ln
CITY-ST-ZIP Sarasota, FL 34243

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

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: Mary Gurley *Mary Gurley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05
Date

941-484-6605
Telephone Number