


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 030 ****61.25

DOCUMENT # N94000005115 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0480102	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICKSON, JOY 3652 ALLENWOOD ST. SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				3/1/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD GURLEY, MARY 318 BAYSHORE ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONE, ELLEN 4617 E ROBINHOOD TRAIL SARASOTA, FL 34232	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GURLEY, LAWRENCE 318 BAYSHORE ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEMMEL, G. JAY 3633 LAKE BAYSHORE DR. BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Frances F. Doyle 5132 Marshfield Ln. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD ARSENAULT, ANNE 8481 BAY BREEZE LN SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD Barbara Shocket 5142 Cote du Rhone Way Sarasota, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> L.R. Gurley					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/28/06					
Daytime Phone #: 941-484-6605					