2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

1. Entity Name

SPORTS COMMITTEE OF SARASOTA, INC.



Principal Place of Business

1834 MAIN ST SARASOTA, FL 34236 Mailing Address

1834 MAIN ST

SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

01222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0572468 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G **1834 MAIN ST** SARASOTA, FL 34236

11. 1	Sisai	er 77 Br	A	3.1	1 - 1-	"Y ~ 'S	14/1	物化物	3.5	HS . X
88.	0.7	\cap	ÿú N		1	od i	1/	OI	т	
i in	الا	U.	iii I	T.	/ [[" ·	Ψ.	RI	4	\square
الأعادة	M70.	17:00		TE 3	1 24	البالا	فلانط	ei,u	15	4 1. 2
1 1		Δi.			100	32.5	100	- X	340	4
165	ΙN	'fá	11	-	()		υ	A(3	-
11				, .	برب	$\mathbf{\circ}$				رز شا
100	5. Ab & d		. 14.43		de carre	S. du	1 1 40	Witness of	YV.	24 . 42

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. the obligations of registered agent.

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

(NOTE: Registered Agent pronature required when reinstating

DATE

Filing Fee is \$61.25

\$5.00 May Be

9. Election Campaign Financing Trust Fund Contribution, Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHEA, NORMAN J III STREET ADDRESS 800 S OSPREY AVE CITY-ST-ZIP SARASOTA, FL TITLE SD LUCAS, TOM STREET ADDRESS 2571 GREEN OAK CT CITY-ST-ZIP SARASOTA, FL TITLE DART, TOM STREET ADDRESS 1549 RINGLING BLVD DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34236 IN THIS SPACE TITLE NAME HAY, JOHN STREET ADDRESS 4028 OAKLEY GREEN CITY-ST-ZIF SARASOTA, FL 34235 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 path; 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:

Davime Phone I