

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000072 (7)

1. Corporation Name
THE SARASOTA DOWNTOWN FOUNDATION, INC.



Principal Place of Business: 47 SOUTH PALM AVE. SARASOTA FL 34236
Mailing Address: 47 SOUTH PALM AVE. SARASOTA FL 34236

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0621038
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HARRISON, CRAIG R, 1605 MAIN STREET, SARASOTA FL 34236
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE: D NAME: CHALKER, RICHARD STREET ADDRESS: P.O. BOX 1119 N/A CITY-ST-ZIP: SARASOTA FL 34230 | <input type="checkbox"/> DELETE | 1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: JEWETT, CHARLES STREET ADDRESS: 1819 MAIN STREET CITY-ST-ZIP: SARASOTA FL 34236 | <input type="checkbox"/> DELETE | 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: GROOVER, CHARLES STREET ADDRESS: 330 SOUTH PINEAPPLE AVE CITY-ST-ZIP: SARASOTA FL 34236 | <input checked="" type="checkbox"/> DELETE <i>Deceased</i> | 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: WOOD, MARCIA STREET ADDRESS: 1801 MAIN STREET CITY-ST-ZIP: SARASOTA FL 34236 | <input type="checkbox"/> DELETE | 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: FEHILY, JACK STREET ADDRESS: 2000 TANGLEWOOD DRIVE CITY-ST-ZIP: SARASOTA FL 34239 | <input type="checkbox"/> DELETE | 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: SEGRETI, ADAM STREET ADDRESS: 1429 MAIN STREET CITY-ST-ZIP: SARASOTA FL 34236 | <input type="checkbox"/> DELETE | 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Jewett* (Signature and Typed Name of Signing Officer or Director)
Date: 3-11-96
Daytime Phone #: 941-361-5743

CR2E037 (12/95)