


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002769</b>	
1. Entity Name <b>ROBERTA LEVENTHAL SUDAKOFF FOUNDATION, INC.</b>	

Principal Place of Business <b>200 S. ORANGE AVE. SARASOTA, FL 34236 US</b>	Mailing Address <b>200 S. ORANGE AVE. SARASOTA, FL 34236 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>31-1483381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, W T JR  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000799442 01/30/08-80068-019 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRISON, WILLIAM T JR 200 S. ORANGE AVE. SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUCHOLTZ, GARY A 2831 RINGLING BLVD., STE 119E SARASOTA, FL 34237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HIETBRINK, LARRY A 1918 HARBOURSIDE DR SUITE 904 LONGBOAT KEY, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William T. Harrison* *Gary A. Bucholtz* *1/23/08* *941-951-1687*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #