

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003877 (5)
1. Corporation Name
THE GREATER SARASOTA SERTOMA FOUNDATION, INC.



Principal Place of Business 2033 MAIN STREET SUITE 408 SARASOTA FL 34237	Mailing Address 2033 MAIN STREET SUITE 408 SARASOTA FL 34237
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3. Date Incorporated or Qualified 07/24/1996		
4. FEI Number 65-0687492	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 2033 Main Street Suite, Apt. #, etc. 22 Suite 400 City & State 23 Sarasota FL Zip 24 34237	2a. Mailing Address 25 2033 Main Street Suite, Apt. #, etc. 26 Suite 400 City & State 27 Sarasota FL Zip 28 34237	Country 25 U.S.A.	Country 29 U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DARNELL, ROBERT W
2033 MAIN STREET
SUITE 408
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	Suite 400
84 City	FL
85 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 <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARNELL, ROBERT W	1.2 NAME	Darnell, Robert W.
STREET ADDRESS	2033 MAIN STREET STE 408	1.3 STREET ADDRESS	2033 Main Street, Suite 400
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	SARASOTA FL 34237
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOLEY, RICHARD E II	2.2 NAME	Michael S. Bennett
STREET ADDRESS	1515 RINGLING BLVD SUITE 890	2.3 STREET ADDRESS	7304 Broughton Street
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	Sarasota FL 34234
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOFLER, CHRIS	3.2 NAME	Thomas J. Wessel
STREET ADDRESS	4420 INDEPENDENCE COURT	3.3 STREET ADDRESS	2455 Webber Street
CITY-ST-ZIP	SARASOTA FL 34234	3.4 CITY-ST-ZIP	Sarasota FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, CRAIG	4.2 NAME	Martin Faust
STREET ADDRESS	1217 S TAMAMI TRAIL	4.3 STREET ADDRESS	1225 2nd Street
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPER, ROBERT H JR	5.2 NAME	James M. Curtis
STREET ADDRESS	330 S PINEAPPLE AVE SUITE 102	5.3 STREET ADDRESS	2119 Lychee Lane
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	Nokomis FL 34275
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E037 (10/97)