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02-24-1999 90098 038 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** \_CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600003877

1. Corporation Name

THE GR	EATER SARASOTA SERTO	MA FOUNDATION, INC.								
Principal Place of Business Mailing Address										
2033 MAIN STREET 2033 MAIN STREET							I <b>ai bia ib</b> iat <b>b</b> iai <b>be</b> ilt			
STE 400	04007	STE 400	·- ·							
SARASOTA FL US	. 34237	SARASOTA FL 34237 US				1 1991	419 19114 41611 40111	86til 88ii: 88til 8	. <b>#1##</b> 11(E) (E)(( <b>*#</b>	
03		00								
3 Deineinal D	tions of Paginore	2a. Mailing Address				3. Date Inco	orporated or Qualif	ed		
	lace of Business	— ĭ				07/24/		••		
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Num			Apr	olied For
22	m, Gto.	27				65-068			<u> </u>	Applicable
City & Stat	te .	City & State		•					\$8.75 A	
23		28				5. Certifcate	of Status Desired	ı 🗆	Fee Red	
Zip	Country	Zip	Count	try		6. Election	Campaign Financii	na _	\$5.00	May Re
24	25	29 30	0	-			nd Contribution		Added to	
1	9. Name and Address of Currer		1		1	0. Name ar	nd Address of Ne	w Registered	Agent	
		<u> </u>	8	1 Nan	ne					
DARNELL, ROBERT W				82 Street Address (P.O. Box Number is Not Acceptable)						
2033 MAIN STREET				32 Street Address (F.O. Dox Number is Not Acceptable)						
SHIFT 408				13	/ 11.0	11140	·			
SARASOTA FL 34237						400				
SANASUI	A FL 34237		8	City	'			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the abo	ve-nam	ed corporat	ion submits	this statement for	the purpose of	f changing its	registered
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 the provisions of Sections of Sections 617.0503, Florida Statutes.									jistered	
	im familiar with, and acceptive plage		N	65. 6[] [	0 - 1.4	and A	_a.L.	1/2/0	79	}
SIGNATURE	Stonature type or period name of resistered age	nt and title if applicable. (NOTE: Re	gistered Ag	ent signatu	ire required whe	en reinstating)	reit	DATE		<del></del> [
12.	g	ID DIRECTORS	13.			ADDITION	IS/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	DÉLETE			:	T				Change	☐ Addition
NAME	DARNELL, ROBERT W			E						İ
STREET ADDRESS	2033 MAIN ST STE 400		1.3 STREET ADDRESS		ss			i		
CITY-ST-ZIP	SARASOTA FL 34237		1,4 CITY-ST-ZIP							
TITLE	D DELETE		2.1 TITLE						Change	☐ Addition
NAME	BENNETT, MICHAEL S		2.2 NAME							1
STREET ADDRESS	7304 BROUGHTON ST		2.3 STREET ADDRESS		ss					]
	ARASOTA FL 34236		2.4 CITY-ST-ZIP							1
CITY-ST-ZIP	D DELETE		3.1 TITLE		-				☐ Change	Addition
NAME	WESSEL, THOMAS J		3.2 NAME							1
STREET ADDRESS	A DE LAMBETT AT		3.3 STREET ADDRESS		ss					
-	SARASOTA FL 34232			3.4. CITY-ST-ZIP						
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE		<del> </del>				Change	Addition
NAME	FAUST, MARTIN		4.2 NAM		'					- [
	-1225 2ND ST			ET ADDRE	20					
STREET ADDRESS	SARASOTA FL 34239				~					
CITY-ST-ZIP	SARAGUIA FL 34235		4.4 CITY-	-31-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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

PIPER, ROBERT H JR

SARASOTA FL 34236

CURTIN, JAMES M

2119 LYCHEE LANE

**NOKOMIS FL 34275** 

330 S PINEAPPLE AVE SUITE 102

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Dernell, Director 1/8/99 (941) 365-4950

Change

☐ Change

■ Addition

☐ Addition