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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000693

1. Corporation Name
SAC, INC.

Principal Place of Business
550 WALNUT CIRCLE
VENICE FL 34292

Mailing Address
~~980 WALNUT CIRCLE~~ 300 Sandpiper Drive
VENICE FL 34292

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 300 Sandpiper Dr	26 300 Sandpiper Drive	02/05/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0738914 ☐ Applied For ☐ Not Applicable
City & State 23 Venice FL	City & State 28 Venice FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34292 Country 25 USA	Zip 29 34292 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GORDON, SCOTT E
333 S TAMIAMI TRAIL STE 199
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P President	☐ DELETE	1.1 TITLE	V. Pres	☐ Change ☑ Addition
NAME	BYSIEWICZ, ALFRED		1.2 NAME	Anthony Maldonato	
STREET ADDRESS	445 SPRUCE AVE		1.3 STREET ADDRESS	545 Aspen Ave	
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	BAUMGARTEN, ELFRIEDA		2.2 NAME	Ramona Price	
STREET ADDRESS	560 LONGWOOD DR		2.3 STREET ADDRESS	377 Longwood Drive	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	Venice, Fl 34292	
TITLE	D	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	MURPHY, WILLIAM		3.2 NAME	Albert Hollingworth	
STREET ADDRESS	449 LONGWOOD DR		3.3 STREET ADDRESS	441 Spruce Ave	
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	RAFFERTY, JOANNE		4.2 NAME	Patricia Stevens	
STREET ADDRESS	442 SPRUCE AVE		4.3 STREET ADDRESS	349 Longwood Drive	
CITY-ST-ZIP	VENICE FL 34292		4.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	DP	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	TAYLOR, GEORGE		5.2 NAME	James Herrick	
STREET ADDRESS	571 SANDPIPER DR N		5.3 STREET ADDRESS	471 Sandrift Drive	
CITY-ST-ZIP	VENICE FL 34292		5.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DORIS		6.2 NAME		
STREET ADDRESS	501 LONGWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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.*

SIGNATURE: Albert R Hollingworth Treas 2/1/99 941-485-7173
Date Daytime Phone #