

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005602

FILED
Apr 16, 2008
Secretary of State

Entity Name: SARASOTA MENNONITE RELIEF CENTER, INC.

Current Principal Place of Business:

3630 BIRKY ST
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3630 BIRKY ST
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-3477181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AESCHLIMAN, CYNTHIA J
6803 5TH AVE NW
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HOUDE, LINDA
Address: 4027 OAKHURST DR
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: MILLER, LLOYD
Address: 3343 TALLYWOOD CT
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: MILLER, JIM
Address: 4020 LISBON PL
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: YODER, JOHN A
Address: 3350 BAY ST.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: MAYER, LORETTA
Address: 1011 S. ALLENDALE AVE.
City-St-Zip: SARASOTA, FL 342378603

Title: ST () Delete
Name: AESCHLIMON, CYNTHIA
Address: 6803 5TH AVE NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLER, LLOYD
Address: 3343 TALLYWOOD CT
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LEHMAN, DALE E
Address: 2895 B ASHTON RD.
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE E. LEHMAN

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date