

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90125 012 ****61.25

DOCUMENT # *N97000005602*

1. Entity Name

Sarasota Mennonite Relief Center, Inc.

20025977

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3630 Birky St

Suite, Apt. #, etc.

3. Mailing Address

J. C. Shank, CPA

Suite, Apt. #, etc.

1001 N. Washington Blvd.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3477181

Applied For

Not Applicable

Zip

34232

Country

Zip

34236

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lloyd Miller

Street Address (P.O. Box Number is Not Acceptable)

3343 Tallywood Ct.

City

Sarasota

FL

Zip Code

34237

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed, name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

(Initial or Amended UBR)

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *Pres.*
NAME *Lloyd P. Miller*
STREET ADDRESS *3343 Tallywood Ct.*
CITY-ST-ZIP *Sarasota, FL 34237*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *V. Pres.*
NAME *Andy Nisley*
STREET ADDRESS *2881 Sarasota Golf Club Blvd.*
CITY-ST-ZIP *Sarasota, FL 34240*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Sec/Treas.*
NAME *Cynthia Aeschliman*
STREET ADDRESS *7206 16th Ave. NW.*
CITY-ST-ZIP *Bradenton, FL 34209*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *Dir*
NAME *Martha Votzy Kaufman*
STREET ADDRESS *3657 Somerville Dr.*
CITY-ST-ZIP *Sarasota, FL 34232*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Dir*
NAME *Kay Schlabach*
STREET ADDRESS *7901 Campbell St.*
CITY-ST-ZIP *Sarasota, FL 34240*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Dir*
NAME *Loretta Mayer*
STREET ADDRESS *1001 S. Allendale Ave.*
CITY-ST-ZIP *Sarasota, FL 34237-8603*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lloyd P. Miller

Feb 3 2003

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # *N9700000 5602*

1. Entity Name

DO NOT WRITE IN THIS SPACE

20025977

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>Dir.</i>	<i>Al Beachy</i>	<i>3568 Schroek St.</i>	<i>Sarasota, FL 34239</i>				
<i>Dir</i>	<i>Noah Chupp</i>	<i>2766 Heather PL.</i>	<i>Sarasota, FL 34239</i>				
<i>Dir</i>	<i>Herb Wierchy</i>	<i>2844 Sunnyside</i>	<i>Sarasota, FL 34239</i>				

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward P. Miller

Feb 3 / 2003