2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N98000000398

Entity Name: SARASOTA LIFE NETWORK, INC.

Current Principal Place of Business:

642 NORTH AUBURN RD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

642 NORTH AUBURN RD
VENICE, FL 34292

New Mailing Address:

FEI Number: 65-0810978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPLIN, JENNIFER
642 NORTH AUBURN ROAD
VENICE, FL 34292 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:	D	( ) Delete
Name:	DOLBY, DWIGHT L	
Address:	2371 ENGLEWOOD ROAD	
City-St-Zip:	VENICE, FL 34223	
Title:	P, D	( ) Delete
Name:	ANGLEY, TERRY	
Address:	601 PALOMINO CIRCLE	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	T, D	( ) Delete
Name:	CHAPLIN, JENNIFER	
Address:	1508 HIGHLAND ST.	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	D	( ) Delete
Name:	ANGLEY, RICH	
Address:	601 PALOMINO CIRCLE	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	VP,D	( ) Delete
Name:	BANTING, PATRICIA	
Address:	285 MOUNT VERNON DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	S, D	( ) Delete
Name:	DOLBY, AUSTIN	
Address:	2371 ENGLEWOOD ROAD	
City-St-Zip:	ENGLEWOOD, FL 34223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP,D	(X) Change ( ) Addition
Name:	ZECCHINO, MARLEEN	
Address:	7245 MANASOTA KEY ROAD	
City-St-Zip:	ENGLEWOOD, FL 34223	
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: JENNIFER CHAPLIN T,D 03/31/2009

Electronic Signature of Signing Officer or Director — Date