

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90262 045 \*\*\*\*61.25

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**DOCUMENT # N98000003430**

1. Corporation Name

**ROSKAMP CHARITIES, INC.**

Principal Place of Business

C/O COMMUNITY FOUND. OF SARASOTA COUNTY  
1800 2ND ST  
SARASOTA FL 34236

c/o Community Foundation of  
Sarasota County

Mailing Address

C/O COMMUNITY FOUND. OF SARASOTA COUNTY  
1800 2ND ST  
SARASOTA FL 34236

c/o Community Foundation of  
Sarasota County



2. Principal Place of Business

21 1800 Second Street

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 US

2a. Mailing Address

26 P.O. Box 49587

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34230-6587

Country

30 US

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

65-0845374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

STEARNS, STEWART W  
1800 2ND STREET  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Stearns, Stewart W.

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

1800 Second Street

83

Suite 103

84 City

Sarasota

FL

85 Zip Code

34236

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 **Stewart W. Stearns, Registered Agent**

4/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Baylis, Kathy  
1.3 STREET ADDRESS 148 DaVinci Drive  
1.4 CITY-ST-ZIP Nokomis, FL 34275

2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Dahlquist, Steven N.  
2.3 STREET ADDRESS 1800 Second Street, Suite 892  
2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
3.2 NAME Corbridge, C. Kelley  
3.3 STREET ADDRESS P.O. Box 2138  
3.4 CITY-ST-ZIP Sarasota, FL 34230

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Roskamp, Robert  
4.3 STREET ADDRESS 783 S. Orange Avenue, #210  
4.4 CITY-ST-ZIP Sarasota, FL 34236

5.1 TITLE Director ☐ Change ☒ Addition  
5.2 NAME Roskamp, Diane  
5.3 STREET ADDRESS 783 S. Orange Avenue, #210  
5.4 CITY-ST-ZIP Sarasota, FL 34236

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

SIGNATURE: **Steven N. Dahlquist**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

941/366-7499

Daytime Phone #

CR2E037 (1/1/98)