

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

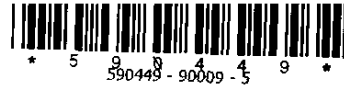

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90016 003 \*\*\*\*61.25

**DOCUMENT #** 198000004620 ✓  
1. Corporation Name **Sarasota Literary Soc. Inc.**  
888 Blvd. of the Arts, #1503  
Sarasota, FL 34236

Principal Place of Business Mailing Address  
**888 Blvd. of the Arts** **PO Box 4008**  
**#1503** **Sarasota FL**  
**Sarasota, FL 34236** **34236-4008**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/98	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0744567		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30			

## 9. Name and Address of Current Registered Agent

**WEIDINGER, LILLO**  
**888 Blvd. of the Arts**  
**Sarasota, FL 34236**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Director
NAME	Lester Ageloff	1.2 NAME	Lester Ageloff, 52N
STREET ADDRESS	2301 Gultot Mexico Dr	1.3 STREET ADDRESS	2301 Gultot Mexico Dr.
CITY-ST-ZIP	Longboat Key, FL 34228	1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	Vice President	2.1 TITLE	Director
NAME	Barbara Rowe	2.2 NAME	Barbara Rowe
STREET ADDRESS	249 Bird Key Dr	2.3 STREET ADDRESS	249 Bird Key Dr
CITY-ST-ZIP	Sarasota, FL 34236	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	Secretary	3.1 TITLE	Director
NAME	Pat Bailey	3.2 NAME	Pat Bailey
STREET ADDRESS	3354 Mayflower St	3.3 STREET ADDRESS	3354 Mayflower St.
CITY-ST-ZIP	Sarasota, FL 34231	3.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	Treas.	4.1 TITLE	
NAME	Lilo Weidinger #1503	4.2 NAME	
STREET ADDRESS	888 Blvd of the Arts	4.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota FL 34236	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Lilo Weidinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99

941/955-0045

Date

Daytime Phone #

CR2E037 (11/98)