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NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005169

1. Corporation Name

GREATER SARASOTA CHAMBER OF COMMERCE COMMUNITY FOUNDATION, INC.

Principal Place of Business

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236

Mailing Address

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236



2. Principal Place of Business

21 Sarasota ChamberCommerce

2a. Mailing Address

26 1819 Main Street

3. Date Incorporated or Qualified

09/10/1998

Suite, Apt. #, etc.

22 #240

Suite, Apt. #, etc.

27

4. FEI Number

65-0864823

Applied For

Not Applicable

City & State

23 Sarasota, FL

City & State

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 34236

25 USA

Zip Country

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVENUE
10TH FLOOR
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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Chairman

Change Addition

1.2 NAME

Robert J. Lane

1.3 STREET ADDRESS

1858 Ringling Blvd.

1.4 CITY-ST-ZIP

Sarasota, FL 34236

2.1 TITLE

President

Change Addition

2.2 NAME

David L. May

2.3 STREET ADDRESS

1819 Main Street, Ste. 240

2.4 CITY-ST-ZIP

Sarasota, FL 34236

3.1 TITLE

Treasurer

Change Addition

3.2 NAME

Scott Williams

3.3 STREET ADDRESS

1549 Ringling Blvd.

3.4 CITY-ST-ZIP

Sarasota, FL 34236

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)