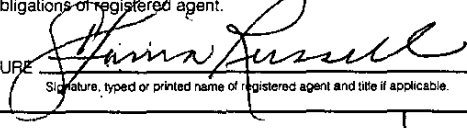



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 032 \*\*\*\*61.25

<b>DOCUMENT # N99000007232</b>					
1. Entity Name SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, INC.					
Principal Place of Business 104 S. PINEAPPLE AVE. SARASOTA, FL 34236			Mailing Address 104 S. PINEAPPLE AVE. SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0797727	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSELL, CLORIA 104 S. PINEAPPLE AVE. SARASOTA, FL 34236			Name MISSPELLED. SHOULD BE CLOVIA RUSSELL		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Clovia Russell, Executive Director 4/22/2004			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CC	<input checked="" type="checkbox"/> Delete	TITLE	Rev. James McWhinney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, PHILIP REV		NAME	104 S. Pineapple Avenue	
STREET ADDRESS	6908 BENEVA RD.		STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	CCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ALBERT REV		NAME		
STREET ADDRESS	2504 GILLESPIE AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, WILLIAM		NAME		
STREET ADDRESS	409 N LIME		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULE, KATHY		NAME		
STREET ADDRESS	2177 CORK OAK ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, VALERIE		NAME		
STREET ADDRESS	4129 WEBBER ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Helen Moreland	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALFRED		NAME	3316 Newtown Blvd.	
STREET ADDRESS	1115-68TH AVE DR W		STREET ADDRESS	Sarasota, FL 34234	
CITY-ST-ZIP	BRADENTON, FL 34207		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Rev. James McWhinney, Co-Chair 4/22/2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



04212004 Chg-NP CR2E037 (10/03)

(941) 955-0935