

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007232

FILED
May 23, 2005
Secretary of State

Entity Name: SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, INC.

Current Principal Place of Business:

104 S. PINEAPPLE AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

104 S. PINEAPPLE AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0797727 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUSSELL, CLOVIA
104 S. PINEAPPLE AVE.
SARASOTA, FL 34236 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: CC () Delete
Name: MCWHINNEY, JAMES
Address: 14 S. PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

Title: CCD () Delete
Name: PHILLIPS, ALBERT REV
Address: 2504 GILLESPIE AVE
City-St-Zip: SARASOTA, FL 34238

Title: RSD () Delete
Name: RULE, KATHY
Address: 2177 CORK OAK ST
City-St-Zip: SARASOTA, FL 34243

Title: CSD () Delete
Name: REEVES, VALERIE
Address: 4129 WEBBER ST
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: MORELAND, HELEN
Address: 3316 NEWTON BLVD
City-St-Zip: SARASOTA, FL 34234

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLOVIA RUSSELL

MS.

05/23/2005

Electronic Signature of Signing Officer or Director

Date