


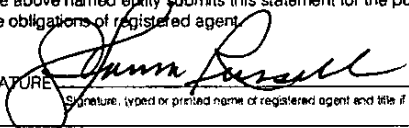
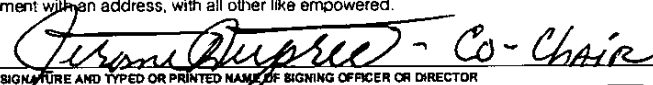
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 010 ****61.25

20041867



DOCUMENT # N99000007232					
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		
Zip	Country	Zip	Country	4. FEI Number 65-0797727	
				Applied For Not Applicable	
				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, CLOVIA 104 S. PINEAPPLE AVE. SARASOTA, FL 34236			Name		
			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		April 7, 2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE	Co-Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHINNEY, JAMES		NAME	Dupree, Jerome Rev.	
STREET ADDRESS	14 S. PINEAPPLE AVE		STREET ADDRESS	409 N. Lime Avenue	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	CCD	<input type="checkbox"/> Delete	TITLE	Co-Chair	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ALBERT REV		NAME	Kelly, James F. Rev,	
STREET ADDRESS	2504 GILLESPIE AVE		STREET ADDRESS	3733 Wilderson Road	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULE, KATHY		NAME	Harris, Gregory, Sr., Rev.	
STREET ADDRESS	2177 CORK OAK ST		STREET ADDRESS	1945 31st Street	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	VACANT	<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 type="checkbox"/> Delete	TITLE	Recording Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELAND, HELEN		NAME	Taylor, Lucia	
STREET ADDRESS	3316 NEWTON BLVD		STREET ADDRESS	1107 S. Osprey Avenue	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Lewis, Lois	
STREET ADDRESS			STREET ADDRESS	9015 Ashbourne Court	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34238	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Jerome Dupree - Co-Chair		4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	