

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007232

FILED
Sep 06, 2007
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:

ROSTOCK, PATRICK
104 S. PINEAPPLE AVE.
SARASOTA, FL 34236 US

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: PATRICK ROSTOCK

09/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CC () Delete
Name: DUPREE, JEROME REV
Address: 409 NORTH LIME AVE
City-St-Zip: SARASOTA, FL 34234

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: RS () Delete
Name: TAYLOR, LUCIA
Address: 1107 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

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

Title: T () Delete
Name: LEWIS, LOIS
Address: 9015 ASHBOURNE CT
City-St-Zip: SARASOTA, FL 34238

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REV. JEROME DUPREE

CC

09/06/2007

Electronic Signature of Signing Officer or Director

Date