## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000099696

**VOLUNTEER OF SARASOTA, INC.** 

Data de la Disc	48			· <del></del>				
1 '	ce of Business	Mailing Address						
1249 STRINGF		1249 STRINGFIELD AVENUE						
SARASOTA FL	. 34237	SARASOTA FL 34237			DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed	117 7110 01 710 1		i
					12/09/1996			ľ
2. Principal P	Place of Business	2a. Mailing Address			4: FEI Number	1 1 4.	pplied For	ł
21		26			65-0720814	<u> </u>	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			03 0720014		Additional	
22	,	27			5. Certifcate of Status Desired [		equired	
City & Stat	te	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added		_
Zip	Country	Zip	Country		8. This corporation owes the current		10 1 000	
24	25	29 3	10		Personal Property Tax.	Yes	□No	
·	9. Name and Address of Curre				10. Name and Address of New Reg	istered Agent		
	er of the first of the second		81	Name				
	GINNESS, W. LEE		82	Ctroat Add	(D.O. Day North as in No. Assault			
	O SECOND STREET		02	Street Addr	ress (P.O. Box Number is Not Acceptable	;) 		
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SAR	ASOTA FL 34236				· · · · · · · · · · · · · · · · · · ·			
			84	City		FI 85 Zip	Code "	
and the second second	APPENDIX TO THE PROPERTY OF TH	A CONTRACTOR OF THE CONTRACTOR	1 f					!
agent. I a	to, the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations are supported by the section of	of Florida. Such change was aut	horized by	the corporation	oration submits this statement for the pul on's board of directors. I hereby accept the	rpose of changing its ne appointment as re	registered egistered	
office or r	registered agent, or both, in the State	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by to la Statutes.	the corporation	on's board of directors. I hereby accept the	rpose of changing its ne appointment as re	registered egistered	
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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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address—with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

S. . .

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

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**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90002 002 \*\*\*150.00

☐ Change

Addition