### **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # P96000099696

t. Entity Name

VOLUNTEER OF SARASOTA, INC.



Mailing Address

Principal Place of Business 1249 STRINGFIELD AVENUE SARASOTA, FL 34237

1249 STRINGFIELD AVENUE SARASOTA, FL 34237

## **FILED** Apr 05, 2006 08:00 AM Secretary of State



01202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0720814 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MCGINNESS, W. LEE 1800 SECOND STREET CHUTE 750

# DO NOT WRITE

| SARASOTA, FL 34236  |  |   | IN THIS SPACE                         |                              |  |
|---|--|---|---------------------------------------|------------------------------|--|
| 8. The above<br>the obliga  | a named entity submits this statement for the pations of registered agent. | urpose of changing its registere                                      | d office or r                         | egistered agent, or bo       | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title t           | applicable. (NOTE: Registered   | Agent signature                       | regulated when reinstalling) | DATE   |
| FILE NOWIII FEE IS \$150,00<br>After May 1, 2006 Fee will be \$550.00 |  | 9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. |                                       |                              |  |
| 10.   | OFFICERS AND DIREC   | TORS  | · · · · · · · · · · · · · · · · · · · | <del></del>                  |  |
| MILE NAME STREET ADDRESS CHY-ST-ZIP                                   | PVST<br>STOTTLEMYER, DAVID E<br>1249 STRINGFIELD AVE<br>SARASOTA, FL       |   |                                       |                              | 000000492967<br>04/19/06-80086-807 150.00                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                                       |                              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP                                 |  |   |                                       | DO NOT WRITE                 |  |
| title<br>Name<br>Street address<br>City-St-Zip                        |  |   | IN THIS SPACE                         |                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | ·  |   |                                       |                              |  |

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 eccurate 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITCE NAME STREET ADDRESS CITY-ST-2IP

- 4.3.206 G41) 955-8342