FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:23

DOCUMENT # 704908 (3)

1. Corporation Name
WOMAN'S EXCHANGE, INC., OF SARASOTA

Principal Place of Business	Mailing Address
539 S ORANGE AVE SARASOTA FL 34236-7501	539 S ORANGE AVE SARASOTA FL 34236-7501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1962
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1109482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS,PARKER,HARRISON,DIETZ & GETZEN
1550 JOHN RINGLING BOULEVARD
SARASOTA FL 33578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☒ Addition
NAME	GERRITY, RICHARD	1.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	34236	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DIETZ, FRAN	2.2 NAME	Donegan, Pat	
STREET ADDRESS	1620 NORTH LODGE DR.	2.3 STREET ADDRESS	1340 Harbor Dr.	
CITY-ST-ZIP	SARASOTA,FL 34236	2.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	PD	3.1 TITLE		☐ Change ☒ Addition
NAME	ALICE PENINGTON	3.2 NAME		
STREET ADDRESS	2206 SUNNYSIDE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	34239	
TITLE	TD	4.1 TITLE		☐ Change ☒ Addition
NAME	PATTON, WARD (BUD)	4.2 NAME		
STREET ADDRESS	100 SANDY HOOK	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	34242	
TITLE	SD	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SAGERS, AUDREY	5.2 NAME	Bowman, Alice S.	
STREET ADDRESS	4724 COUNTRY OAKS BLVD.	5.3 STREET ADDRESS	1515 Ringling Blvd	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34230	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Gerrity Jan 24, 1995 813-955-2875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018480