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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 704908

(3)

Suite, Apr. #, etc.    Suite, Apr. #, etc.   Suite, Apr. #, etc.   Side   Suite   Side   Side	WOMAN'S EXCHANGE, INC., OF SARASOTA					4 1881/4 1881/4 881/4		. <b>6</b> 1411 <b>6</b> 1614 <b>5</b> 1614 <b>3</b> 484		
Principal Place of Business   Malling Address   S38 & ORANGE AVE   S										
SARASOTA FL 3428-7501  3. Date incorporated or Qualified 12/11/1962  2. Principal Place of Eusness 2. Additional 22 Milling Address 5. Serial Agency 12/11/1962  2. Principal Place of Eusness 2. Suite, Aprl. #, etc. 3. Suite, Aprl. #, etc. 59-1109462  2. City & State 2. City & State 3. City & State 3. Suite, Aprl. #, etc. 3. Suit	Principal Place	of Business	Mailing Address				1 <b>74</b> 1010 <b>10</b> 00 100	I BIANI BIAN DIBN GION		
SARASOTA FL 3428-7501  3. Date incorporated or Qualified 12/11/1962  4. FIR Number 59-1109482  5. Certificate of Status Desired Qualified Fee Required City & State 12/19/19/19/19/19/19/19/19/19/19/19/19/19/	·									
12/11/1962   01/31/1995   2										
12/11/1962   01/31/1995   2						3. Date Incorporated or	Qualified	3a. Date of Last F	Report	
Surio, Apri. #, etc.    Surio, Apri. #, etc.										
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scarage   Section of Status Desired   Section   Section   Section of Status Desired   Section   Sec	2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				A	oplied For	
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Sold May Be Added to Fees  Country  Sold Statutes  Sold Name  B. This corporation has liability for intengible tax under s. 199,032, Foods Statutes  Sold Name  WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN  1550 JOHN RINGLING BOULEVARD  SARASOTA FL 33578  B2  Street Address (P.O. Box Number is Not Acceptable)  B2  Street Address (P.O. Box Number is Not Acceptable)  B3  Street Address (P.O. Box Number is Not Acceptable)  B4  City  FL  B5  Zp Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  14. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B4  City  FL  B5  Zp Code  15. Provisions of Sections 617,0502 and 617,1508. Forids Statutes  B6  City State  City State	21									
City & State    City & State   City		#, etc.	· · · · · · · · · · · · · · · · · · ·				Desired [			
Zp							Inancina			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   150. Name and Address of New R	23		———— ·	<u>├</u> ─┐ '			- 1			
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	Zip	Country	Zip	Country		8. This corporation has	liability for Intan	gible tax under s.	199.032,	
WILLIAMS PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD SARASOTA FL 33578  83  84 City  FL 85 Zp Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objection 617.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objection 617.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objection 617.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objection 617.0503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the objective agent agent and the familiar with, and accept the object of the obje	24			30						
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD SARASOTA FL 33578  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fronda 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 acceptable the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature by the operation of 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 than a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar than a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar than a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar than a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar than a such change was authorized by the corporation submits this stetement for the purpose of changing its registered office or registered agent. I am familiar than a such change was authorized by the corporation submits this stetement for the purpose of changing its registered office or registered agent. I am familiar than a submit of acceptable was authorized by the corporation submits this stetement for the purpose of changing its registered office or registered agent. I am familiar than a submit of acceptable was authorized by the corporation submits this stetement for the purpose of changing its registered office or registered agent. I am familiar than a submit of che	 					10. Name and Address of New Registered Agent				
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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. Suite change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am families with, and accept the obligations of, Sections 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am families with an accept the appointment as registered office or registered agent and the flavorisable with a corporation's board of directors. Thereby accept the appointment as registered office or registered agent and the flavorisable with a corporation's board of directors. Thereby accept the appointment as registered office or registered of the corporation's board of directors. Thereby accept the appointment as registered office or registered office or registered office or registered of the corporation's board of directors. Thereby accept the appointment as registered office or registered office or registered office or registered office or registered of the corporation's board of directors. Thereby accept the appointment as registered office or registered of regi					IName					
SARASOTA FL 33578    B3			& GETZEN	8	2 Street #	Address (P.O. Box Number is Not Acceptable)				
B4				1	3					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 617.0503, Florida Statutes.  SIGNATURE    Signature typed or printed name of registered agent and the if applicable   NOTE Registered Agent signature required when remaining   DATE	SANASC	JIN FL 33370								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 expointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature typed or period name of registered agent and the if aspectable   NOTE Registered Agent invalue required when revisiting   DATE				1	City			F1 85 Zip	Code	
Signature   Signature   Nypod or printed number of regishared agent and this ff applicable   (NOTE: Regishared Agent signature required when revealating)	11. Pursuant t	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	utes, the abov	-1 e-named co	poration submits this statement	for the purpose	of changing its re	egistered office	
Signature   Signature   Nypod or printed number of regishared agent and this ff applicable   (NOTE: Regishared Agent signature required when revealating)	or register familiar wit	red agent, or both, in the State of Fl th, and accept the obligations of, S	lorida. Such change was authori ection 617.0503, Florida Statute	ized by the co as.	rporation's I	poard of directors. I hereby acce	pt the appointn	nent as registered	agent. I am	
Signature typed or period name of regelesced agent and title if applicable   (NOTE: Registered Agent segrature recycled when revisiting)   DATE										
Dilif   CD   Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Change   Change   Addition   Change					gent signature re				50.81.40	
STREET ADDRESS   SARASOTA, FL 00000   SARASOTA, FL 000000   SARASOTA, FL 00000   SARASOTA, FL 00000   SARASOTA, FL 000000   SARASOTA, FL 00000   SARASOTA, FL 00000   SARASOTA, FL 000000   SARASOTA, FL 0000000   SARASOTA, FL 0000000   SARASOTA, FL 0000000   SARASOTA, FL 0000000   SARASOTA, FL 00000000   SARASOTA, FL 00000000   SARASOTA, FL 0000000000   SARASOTA, FL 00000000000000000000000000000000000	ļ <del></del>				<del> </del>		ES TO OFFICE	·		
STREET ADDRESS   1515 RINGLING BLVD   13 STREET ADDRESS   P. O. Box 2995   14 CITY-ST-ZIP   SARASOTA, FL 00000   14 CITY-ST-ZIP   Sarasota, FL 34230   Change   Addition   Add			Motter					□ Change		
SARASOTA, FL 00000  TITLE  VD  DONEGAN, PAT  STREET ADDRESS  CITY-ST-ZIP  NAME  DONEGAN, PAT  SARASOTA FL  SARASOTA FL  DONEGAN, PAT  22 NAME  Bowman, Alice S.  23 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  DONEGAN, PAT  22 NAME  Bowman, Alice S.  23 STREET ADDRESS  1515 Ringling Blvd.  24 CITY-ST-ZIP  SARASOTA FL  DONEGAN, PAT  22 NAME  Bowman, Alice S.  23 STREET ADDRESS  ALICE PENINGTON  31 TITLE  PD  Change Addition  Addition  Dietz, Frances  33 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  Change Addition	'''	4545 00101010 0110				P. O. Boy 29	9 95			
THE NAME DONEGAN, PAT 22 NAME BOWMAN, Alice S.  STREET ADDRESS CITY-ST-ZIP SARASOTA FL 2.4 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3.4 CITY-ST-ZIP SARASOTA FL 3.5 TREET ADDRESS SARASOTA FL 3.5 TREET ADDRESS SARASOTA FL 3.4 CITY-ST-ZIP SARASOTA FL 3.4 CITY-S					_		1			
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SARASOTA FL  11/LE  PD  ALICE PENINGTON  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  2.4 CITY-ST-ZIP  SARASOTA FL  3.1 TITLE  PD  3.1 TITLE  PD  3.2 NAME  Dietz, Frances  3.3 STREET ADDRESS  16.20 N. Lodge Dr.  SARASOTA FL  3.4 CITY-ST-ZIP  SARASOTA FL  3.5 TREET ADDRESS  3.6 CITY-ST-ZIP  SARASOTA FL  3.6 CITY-ST-ZIP  SARASOTA FL  3.6 CITY-ST-ZIP  SARASOTA FL  3.6 CITY-ST-ZIP  SARASOTA FL  3.7 CITY-ST-ZIP  SARASOTA FL  3.7 CITY-ST-ZIP  SARASOTA FL  3.4 CITY-ST-ZIP  SARASOTA FL  3.5 TREET ADDRESS  3.6 CITY-ST-ZIP  SARASOTA FL  3.4 CITY-ST-ZIP	NAME	DONEGAN, PAT		2 2 NAM	IE .	Bowman, Alic	e S.			
TITLE PD	STREET ADDRESS			2.3 STR	EET ADDRESS					
ALICE PENINGTON  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME  ALICE PENINGTON  2206 SUNNYSIDE LANE  33 STREET ADDRESS 34 CITY-ST-ZIP  A1 TILE  TD  Change Addition  Addition  Addition  Addition  A1 NAME  ALICE PENINGTON  32 NAME  Dietz, Frances  1620 N. Lodge Dr.  Sarasota, FL 34239  Change Addition  Addition  Addition  A1 NAME  Mitchell, Robert		l					34230			
STREET ADDRESS CITY-ST-ZIP SARASOTA FL  1620 N. Lodge Dr. Sarasota, FL 3/239 Tille TD PATTON, WARD (BUD)  1620 N. Lodge Dr. Sarasota, FL 3/239 Thile TD Change Addition Mitchell, Robert	l i	i '-	[X]DFIEIF				•	. Change	☐ Addition	
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NAME PATTON, WARD (BUD)  12 August 19 August 1						1620 N. Lodg	e Dr.			
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CITY-ST-ZIP   SAMASULA PL   44CITY-ST-ZIP   Samasota, FI, 31231	CITY-ST-ZIP	SARASOTA FL		4.4 CIT	(-ST-ZIP	Sarasota, FL	3/231			
TITLE SD BENEFIE 51 TITLE SD Change Addition	TITLE		<b>Z</b> DELETE	5 1 TiT(	E		<del></del>	☐ Change	☐ Addition	
NAME BOWMAN, ALICE S. 52 NAME Sagers. Andrey A.	NAME			52 NAI	1E		ev A.			
sireel address   1515 HINGLING BLVD   53 STREET ADDRESS   4724 Country Oaks Blvd.	STREET ADDRESS			5.3 STF	EET ADDRESS	4724 Country				
CITY-SI-ZIP SARASUIA FL 54CITY-SI-ZIP Sarasota, FI 34243	·	SARASOTA FL	F-10 p.p. p			Sarasota, FL	34243		F 1.7 m	
TITLE DELETE 6.1 TITLE Change Addition	į .		LIDEREIE		,			∟ Change	☐ Addition	
NAME 62 NAME										
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CITY-ST-ZIP 6.4 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)(k), Florida Statutes. I further		Loy certify that the information supplie	ed with this filing is voluntarily fu			lify for the exemption stated in S	Section 119.07(3	3)(k), Florida Statut	es. I further	

cerury 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: AMOR JA SAGERS 118/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale