

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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SARASOTA FL 34236-7501**

3. Date Incorporated or Qualified
12/11/1962

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1109482

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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 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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **CD
GERRITY, RICHARD**
STREET ADDRESS **1515 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE ☒ DELETE

NAME **VD
DONEGAN, PAT**
STREET ADDRESS **1340 HARBOR DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **PD
ALICE PENINGTON**
STREET ADDRESS **2206 SUNNYSIDE LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **TD
PATTON, WARD (BUD)**
STREET ADDRESS **100 SANDY HOOK**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **SD
BOWMAN, ALICE S.**
STREET ADDRESS **1515 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

NAME **CD
Pierce, James**
STREET ADDRESS **P. O. Box 2995**
CITY-ST-ZIP **Sarasota, FL 34230**

2.1 TITLE ☐ Change ☐ Addition

NAME **VD
Bowman, Alice S.**
STREET ADDRESS **1515 Ringling Blvd.**
CITY-ST-ZIP **Sarasota, FL 34230**

3.1 TITLE ☐ Change ☐ Addition

NAME **PD
Dietz, Frances**
STREET ADDRESS **1620 N. Lodge Dr.**
CITY-ST-ZIP **Sarasota, FL 34239**

4.1 TITLE ☐ Change ☐ Addition

NAME **TD
Mitchell, Robert**
STREET ADDRESS **2230 Sandrala Dr.**
CITY-ST-ZIP **Sarasota, FL 34231**

5.1 TITLE ☐ Change ☐ Addition

NAME **SD
Sagers, Audrey A.**
STREET ADDRESS **4724 Country Oaks Blvd.**
CITY-ST-ZIP **Sarasota, FL 34243**

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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:

Audrey A. Sagers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96
Date

355-6041
Daytime Phone #

CR2E037 (12/95)