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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	539 S ORANGE AVE SARASOTA FL 34236-7501

3. Date Incorporated or Qualified: **12/11/1962**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1109482** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, JAMES		1.2 NAME		
STREET ADDRESS	P.O. BOX 2995 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	V.D.	☐ Change ☒ Addition
NAME	BOWMAN, ALICE S		2.2 NAME	HOWARD DAVIDSMEYER	
STREET ADDRESS	1515 RINGLING BLVD.		2.3 STREET ADDRESS	5159 RIVERWOOD AVE	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIETZ, FRANCES		3.2 NAME		
STREET ADDRESS	1620 N. LODGE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MITCHELL, ROBERT		4.2 NAME	Mitchell, Robert	
STREET ADDRESS	2230 SANDRALA DR.		4.3 STREET ADDRESS	3708E. FOREST LAKES DR	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	SAGERS, AUDREY A		5.2 NAME	JAN L. CHESTER	
STREET ADDRESS	4724 COUNTRY OAKS BLVD.		5.3 STREET ADDRESS	2138 MCCLELLAN PKWY	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE	6.1 TITLE	500002079206	☐ Change ☐ Addition
NAME			6.2 NAME	-02/05/97--01123--047	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert T. Mitchell 1-2-97 9214696