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NONPRÓFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

704908

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WOMAN'S EXCHANGE, INC., OF SARASOTA

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Zip Country Zip Country Age 2							· +			
Zip Country Zip Country Zip Country 2	-		├ ¬ '				7. Is this nonprofit corporation a homeowners association?			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD 8ARASOTA FL 33578 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 of 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 appoint agent. I am familier with, and accept the obligations of, Sections 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent. I am familier with, and accept the obligations of, Sections 617.0503. Florida Statutes by the corporation's board of directors. I hereby accept the appoint agent. I am familier with, and accept the obligations of, Sections 617.0503. Florida Statutes by the corporation's board of directors. I hereby accept the appoint agent. I am familier with, and accept the obligations of, Sections 617.0503. Florida Statutes agent and time if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DIV ST. 2P SARASOTA FL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. SARASOTA FL 34231 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		Country	Zip	Countr	у		8. This corporation owes or has paid the cu	irrent year Intangi	ible	
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD SARASOTA FL 33578 182 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 617,0502, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS TITLE 13. OFFICERS AND DIRECTORS TITLE 14. OFFICERS AND DIRECTORS TITLE 15. OFFICERS AND DIRECTORS TITLE 16. OFFICERS AND DIRECTORS TITLE 17. DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO BOX 2995 N/A TISTIRET ADDRESS P.O. BOX 2995 N/A TITLE 18. DELETE 19. DELETE 19. DELETE 19. DELETE 21. TITLE 21. TITLE 22. DELETE 21. TITLE 22. DELETE 21. TITLE 23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS P.O. BOX 2995 N/A 13. SIRRET ADDRESS 14. DIV-SI-2P 14. DIVE 15. SARASOTA FL 16. ON Orth Lodge Dr. 17. 34,239 TITLE 17. DA 18. OCHESTER, JAN L 18. SIRRET ADDRESS 18. DA 18. OCHESTER, JAN L 18. SIRRET ADDRESS 21. SARASOTA FL 34,239 TITLE SD MARY 21. SARASOTA FL 34,239	24		1 1	0			Personal Property Tax due June 30.	☐ Yes ☐ No		
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of coffice 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 appoint 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 like Pappicable POFICERS AND DIRECTORS Signature, typed or printed name of registered agent and like Pappicable POFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS Signature, typed or printed name of registered agent and like Pappicable PORTOR DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. DAVID SIGNATURE PORTOR DIRECTORS 16. DAVID SIGNATURE PORTOR DIRECTORS 16. DAVID SIGNATURE PORTOR DIRECTORS 16. DELETE 16. DAVID SIGNATURE 1		9. Name and Address of Current I	Registered Agent		,		Name and Address of New Registered	Agent		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the approximate of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, highed or printed name of registered agent and this if applicable (NOTE Registered Agent ignature required when remaining) DATE				81	Name					
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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 of 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 appoint office or registered agent and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint office or registered agent agent and their appocable. SIGNATURE Signature, lyped or printed name of registered agent and their appocable. (NOTE Registered Agent agent when reneating) DATE				84	City		FI	85 Zip Code	ə	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	11. Pursuant to office or reacht. I an	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	and 617.1508, Florida Statutes Florida, Such change was aut ons of, Section 617.0503, Flori	, the above thorized beds Statute	e-named y the corp s.	corpora poration		of changing its reconstruction	gistered stered	
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14. I 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 informatio 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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CH2E037 (10/97)

FILED

Feb 17 1998 8:00am

Secretary of State