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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1109482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	CD	☐ Change ☒ Addition
NAME	PIERCE, JAMES		1.2 NAME	Howard Davidsmeyer	
STREET ADDRESS	P.O. BOX 2995 N/A		1.3 STREET ADDRESS	5159 Riverwood Ave.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	DAVIDSMEYER, HOWARD		2.2 NAME	Jasey Giordano	
STREET ADDRESS	5159 RIVERWOOD AVE.		2.3 STREET ADDRESS	332 Treasure Boat Way	
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	PD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	DIETZ, FRANCES		3.2 NAME	Frances Dietz	
STREET ADDRESS	1620 N. LODGE DR.		3.3 STREET ADDRESS	1620 North Lodge Dr.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	MITCHELL, ROBERT		4.2 NAME	Jan L. Chester	
STREET ADDRESS	3708 E. FOREST LAKES DR		4.3 STREET ADDRESS	2138 Mc Clellan Pkwy	
CITY-ST-ZIP	SARASOTA FL 34232		4.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	CHESTER, JAN L		5.2 NAME	Maryanne Shorin	
STREET ADDRESS	2138 MCCLELLAN PKWY		5.3 STREET ADDRESS	1800 Flower Dr.	
CITY-ST-ZIP	SARASOTA FL 34239		5.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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: _____ DATE: 2/17/98