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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704908**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/11/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1109482 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	DAVIDSMEYER, HOWARD		1.2 NAME		
STREET ADDRESS	5159 RIVERWOOD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIORDANO, JASEY		2.2 NAME		
STREET ADDRESS	332 TREASURE BOAT WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DIETZ, FRANCES		3.2 NAME	MICHAEL KESMAN	
STREET ADDRESS	1620 N. LODGE DR.		3.3 STREET ADDRESS	3744 SURREY LANE	
CITY-ST-ZIP	SARASOTA FL 34239		3.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHESTER, JAN L		4.2 NAME		
STREET ADDRESS	2138 MC CLELLAN PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHORIN, MARYANNE		5.2 NAME		
STREET ADDRESS	1800 FLOWER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		5.4 CITY-ST-ZIP		
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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan Chester, Treasurer 1/28/99 941-955-7873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #