

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 704908 1. Entity Name WOMAN'S EXCHANGE, INC., OF SARASOTA	
---	---

Principal Place of Business 539 S ORANGE AVE SARASOTA, FL 34236-7501	Mailing Address 539 S ORANGE AVE SARASOTA, FL 34236-7501
--	--

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 JOHN RINGLING BOULEVARD SARASOTA, FL 33578

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPRESKI, ALICE 4270 KINGSTON CT. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN DUYN, BRUCE 750 N. TAMiami TR. #903 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZIE, JOYCE A 176 DORY LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000009754
01/22/04-80003-018 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Van Duyn, Bruce Van Duyn, Tres 1-20-04 941-955-7859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #