2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 25, 2007 8:00 am Secretary of State

		71.11.0071.		••••			~ •	0_ 0.00	-J 0-~	
DOCUMENT # 704908 1. Entity Name WOMAN'S EXCHANGE, INC., OF SARASOTA							05	5-25-2007 9	90026 041 ****	61.25
Principal Place of Business 539 S ORANGE AVE SARASOTA, FL 34236-7501			539	Mailing Address 539 S ORANGE AVE SARASOTA, FL 34236-7501						
2. Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01172007 CI	hg-NP	CR2E037 (12/0	6)
City & State			City & State			4. FEI Number Applied For 59-1109482 Not Applicable				
Zip Country			Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	t Registere	d Agent			7. Name and Add	ress of New R	egistered Agent	
KOACH, KRAIG H 1530 CROSS STREET SARASOTA, FL 34236-7015						Name Street Address (P.O. Box Number is Not Acceptable)				
					City				FL Zip (Code
	gations of regis	y submits this statement flered agent. For printed name of registered agen		olicable (NOTE	E Registered Agent	signature requi	red when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.		OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTOR	S IN 10
TITLE NAME STREET ADDRES CITY-ST-ZIP	- 1			☐ Delete	NAME STREET ADDI CITY-ST-ZIF				☐ Chan	ge Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP		TLLIAM GLING BLVD TA, FL 34236		☐ Delete	TITLE NAME STRLET ADDI CITY+S1-ZIF				☐ Char	ge Addition
TITLE NAME STREET ADDRES GITY-ST-ZIP		MARY H AN BEACH CIR TA, FL 34236		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	1			☐ Char	ige Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP	S 1460 GUI	, ELIZABETH LFVIEW DR TA, FL 34236	_	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIE	1			☐ Char	ge Addition
IITLE NAME STREET ADDRES CITY-ST-ZIP	1	AN, TOM ANDBAY BLVD AT KEY, FL 34228		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZE	I .			☐ Char	nge 🗌 Addition
TITLE NAME				☐ Delete	TITLE NAME				Char	ige Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)95-1-1234 Daytime Phone *