2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State
01-18-2008 90007 036 ****70.00

DOCUMENT # 704908

1. Entity Name
WOMAN'S EXCHANGE, INC., OF SARASOTA

4UUU6U33

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

01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

KOACH, KRAIG H
1530 CROSS STREET
SARASOTA, FL 34236-7015

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KOACH, KRAIG H
STREET ADDRESS	1530 CROSS ST
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	RACE, WILLIAM
STREET ADDRESS	1520 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	P
NAME	KRESS, MARY H
STREET ADDRESS	~~710 INDIAN BEACH CIR~~ 1633 Boathouse Circle Unit HA-134
CITY-ST-ZIP	SARASOTA, FL ~~34236~~ 34231
TITLE	C
NAME	LINDSAY, ELIZABETH
STREET ADDRESS	1460 GULFVIEW DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	FINNEGAN, TOM
STREET ADDRESS	3040 GRANDBAY BLVD
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Mary Helen Kress 1-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary Helen Kress, President 941-953-7559