

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764195 (4)

Corporation Name

**WOMEN'S SUPPORT GROUP OF SOUTH SARASOTA COUNTY,
INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 400 S. TAMMIAM TRL., #240 VENICE FL 34285
Mailing Address: 400 S. TAMMIAM TRL., #240 VENICE FL 34285

3. Date Incorporated or Qualified: 07/16/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2477493
Applied For: Not Applicable

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

5. Certificate of Status Desired: \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BATES, SHIRLEY A, 5252 WELLFLEET DRIVE W, SARASOTA FL 34241
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Shirley A. Bates (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BATES, SHIRLEY A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5252 WELLFLEET DR W	CITY - ST - ZIP: SARASOTA FL	1.2 NAME	
TITLE: VD	NAME: FOND, BARBARA L	1.3 STREET ADDRESS	
STREET ADDRESS: 5271 HERON RD	CITY - ST - ZIP: VENICE FL	1.4 CITY - ST - ZIP	
TITLE: VD	NAME: JONES, JOAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 249 S TAMMIAMI TR	CITY - ST - ZIP: VENICE FL	2.2 NAME	
TITLE: TD	NAME: YOUNG, NORMA B	2.3 STREET ADDRESS	
STREET ADDRESS: 235 INNER DR E	CITY - ST - ZIP: VENICE FL	2.4 CITY - ST - ZIP	
TITLE: SD	NAME: LEHNE, MARY I	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1323 WHISPERING LANE	CITY - ST - ZIP: VENICE FL	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY - ST - ZIP:	3.4 CITY - ST - ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY - ST - ZIP:	4.4 CITY - ST - ZIP	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY - ST - ZIP:	5.4 CITY - ST - ZIP	
TITLE:	NAME:	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY - ST - ZIP:	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Norma B. Young (Signature and Typed or Printed Name of Incoming Officer or Director) Date: 4/25/95 Telephone: 486-9724