

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764195 (4)

1. Corporation Name

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



Principal Place of Business

Mailing Address

400 S. TAMiami TRL. #240
VENICE FL 34285

400 S. TAMiami TRL. #240
VENICE FL 34285

3. Date Incorporated or Qualified

07/16/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2477493

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATES, SHIRLEY A
5252 WELLFLEET DRIVE W
SARASOTA FL 34241

81 Name WILBURTA W. DYE

82 Street Address (P.O. Box Number is Not Acceptable)
1215 WINDWARD DR.

83

84 City OSPREY

FL

85

34229

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

Wilburta W. Dye, Exec. Dir. *Wilburta W. Dye*

April 18, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|--|
| TITLE | PO | <input checked="" type="checkbox"/> DELETE |
| NAME | BATES, SHIRLEY A | |
| STREET ADDRESS | 5252 WELLFLEET DR W | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | FOND, BARBARA L | |
| STREET ADDRESS | 5271 HERON RD | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, JOAN | |
| STREET ADDRESS | 249 S TAMiami TR | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | YOUNG, NORMA B | |
| STREET ADDRESS | 235 INNER DR E | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCGLOTHIN, KAYE | |
| STREET ADDRESS | 766 CONNEMARA STREET | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------|---|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 1.2 NAME | Ann Campbell White | |
| 1.3 STREET ADDRESS | 256 Nokomis Ave. #1 | |
| 1.4 CITY-ST-ZIP | Venice, FL 34285 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 2.2 NAME | Donna Lee Roden | |
| 2.3 STREET ADDRESS | 1521 Quail Dr. | |
| 2.4 CITY-ST-ZIP | Sarasota, FL 34231 | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 3.2 NAME | Dolores Sadler | |
| 3.3 STREET ADDRESS | 415 Bradenton Rd. | |
| 3.4 CITY-ST-ZIP | Venice, FL 34293 | |
| 4.1 TITLE | | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | EXEC D | <input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | WILBURTA W. DYE | |
| 6.3 STREET ADDRESS | 1215 WINDWARD DR | |
| 6.4 CITY-ST-ZIP | OSPREY, FL 34229 | |

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:

Wilburta W. Dye

Wilburta W. Dye, Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)