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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34285-2624

3. Date Incorporated or Qualified 07/16/1982
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2477493 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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

DYE, WILBURTA W.
1215 WINDARD DR
OSPREY FL 34229

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETED 1.1 TITLE PD Change Addition
NAME WHITE, ANN CAMPBELL 1.2 NAME Thompson, Ann
STREET ADDRESS 256 NOKOMIS AVE #1 1.3 STREET ADDRESS 152 Nokomis Ave., S.
CITY-ST-ZIP VENICE FL 1.4 CITY-ST-ZIP Venice, FL 34285
TITLE VD DELETED 2.1 TITLE VD Change Addition
NAME RODEN, DONNA LEE 2.2 NAME Sadler, Dolores
STREET ADDRESS 1521 QUAIL DR 2.3 STREET ADDRESS 415 Bradenton Road
CITY-ST-ZIP SARASOTA FL 2.4 CITY-ST-ZIP Venice, FL 34293
TITLE VD DELETED 3.1 TITLE VD Change Addition
NAME SADLER, DOLORES 3.2 NAME Fulmer, Carol
STREET ADDRESS 415 BRADENTON RD 3.3 STREET ADDRESS 1231 Pinebrook Way
CITY-ST-ZIP VENICE FL 3.4 CITY-ST-ZIP Venice, FL. 34292
TITLE TD DELETED 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME YOUNG, NORMA B
STREET ADDRESS 235 INNER DR E
CITY-ST-ZIP VENICE FL
TITLE SD DELETED 5.1 TITLE SD Change Addition
NAME MCGLOTHIN, KAYE 5.2 NAME Seminario, Elizabeth
STREET ADDRESS 766 CONNEMARA STREET 5.3 STREET ADDRESS 563 Oxford Street
CITY-ST-ZIP VENICE FL 5.4 CITY-ST-ZIP Venice, FL 34293
TITLE D DELETED 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME DYE, WILBURTA W
STREET ADDRESS 1215 WINDWARD DR
CITY-ST-ZIP OSPREY FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 April 11, 1997, 9724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064437

CR2E037 (9/96)