


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>400 S. TAMiami TRl..#240 VENICE FL 34285</b>	Mailing Address <b>400 S. TAMiami TRl..#240 VENICE FL 34285</b>
--	--

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3</b> Date Incorporated or Qualified <b>07/16/1982</b>		
<b>4</b> FEI Number <b>59-2477493</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**DYE, WILBURTA W.  
1215 WINDARD DR  
OSPREY FL 34229**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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: *Wilburta W. Dye*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, ANN	
STREET ADDRESS	152 NOKOMIS AVE S	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SADLER, DOLORES	
STREET ADDRESS	415 BRADENTON ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULMER, CAROL	
STREET ADDRESS	1231 PINEBROOK WAY	
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	SEMINARIO, ELIZABETH	
STREET ADDRESS	563 OXFORD STREET	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYE, WILBURTA W	
STREET ADDRESS	1215 WINDWARD DR	
CITY-ST-ZIP	OSPREY FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN C. THOMPSON
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I 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: *NORMA B. YOUNG* TREASURER 4/8/98 941-485-9724

CR2E037 (10/97)