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May 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764195

1. Corporation Name

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

Principal Place of Business

400 S. TAMIAMI TRL. #240
 VENICE FL 34285

Mailing Address

400 S. TAMIAMI TRL. #240
 VENICE FL 34285



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/16/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2477493	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, ANN C	1.2 NAME	ANNETTE Z. P. ROSS
STREET ADDRESS	152 NOKOMIS AVE S	1.3 STREET ADDRESS	871 VENETIA BAY BLVD, SUITE#210
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, DOLORES	2.2 NAME	
STREET ADDRESS	415 BRADENTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULMER, CAROL	3.2 NAME	CHARLOTTE KRANCH
STREET ADDRESS	1231 PINEBROOK WAY	3.3 STREET ADDRESS	832 PINELAND AVE.
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, NORMA B	4.2 NAME	
STREET ADDRESS	235 INNER DR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMINARIO, ELIZABETH	5.2 NAME	
STREET ADDRESS	563 OXFORD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, WILBURTA W	6.2 NAME	
STREET ADDRESS	1215 WINDWARD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	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, with all other like empowered.

SIGNATURE: *Norma B Young* **SIGNATURE REQUIRED**

4/29/99

941-485-9724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)