

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:38**

DOCUMENT # 769013 (4)

**1. Corporation Name
THE FOUNDATION OF GIRLS INCORPORATED OF SARASOTO COUNTY**

Principal Place of Business Mailing Address
**201 S. TUTTLE AVENUE
P. O. DRAWER 4195
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1983** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2429232** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**BERTEAU, JOHN
1500 RINGLING BLVD
SARASOTA FL 33577**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOULTON, KATHERINE
STREET ADDRESS	1620 GULF OF MEXICO DR
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	D
NAME	ANKRIM, ROBERT
STREET ADDRESS	7822 WELDING WILLOW CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	BOBBIT, KIMBALL
STREET ADDRESS	1605 MAIN ST., STE 1010
CITY - ST - ZIP	SARASOTA FL
TITLE	VPD
NAME	GITHLER, CHARLES
STREET ADDRESS	1534 2ND ST
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	SWICK, CANDY, S
STREET ADDRESS	1800 SECOND ST #808
CITY - ST - ZIP	SARASOTA FL
TITLE	P
NAME	BROWN, ROBERT R.
STREET ADDRESS	1515 RINGLING BLVD
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is true and correct, 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 at the time of filing this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Brown

3/22/95 813 557-3660