

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769013 (4)
1. Corporation Name

THE FOUNDATION OF GIRLS INCORPORATED OF SARASOTO COUNTY



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

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

3. Date Incorporated or Qualified: **06/20/1983**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-2429232**
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
**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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTON, KATHERINE	1.2 NAME	
STREET ADDRESS	1620 GULF OF MEXICO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEETZOW, LEONARD	2.2 NAME	Leetzow, Leonard
STREET ADDRESS	1980 LANDING BLVD	2.3 STREET ADDRESS	2 N Tamiami Trail, Suite 1100
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBITT, KIMBALL	3.2 NAME	Robert P. Clarke
STREET ADDRESS	1605 MAIN ST., STE 1010	3.3 STREET ADDRESS	1858 Ringling Blvd
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITHLER, CHARLES	4.2 NAME	
STREET ADDRESS	1534 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICK, CANDY, S	5.2 NAME	Robert W. Darnell
STREET ADDRESS	1800 SECOND ST #808	5.3 STREET ADDRESS	2033 Main Street #406
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota FL 34237
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT R.	6.2 NAME	Hagan, Kevin
STREET ADDRESS	1515 RINGLING BLVD	6.3 STREET ADDRESS	501 S Harbor Drive
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Venice FL 34285

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: *Leonard Leetzow* **July 26, 1996** 991-764-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (3/96)