

3/4/97 B-2603 C
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Mar 04 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 # 769013 (4)

1. Corporation Name

THE FOUNDATION OF GIRLS INCORPORATED OF SARASOTA COUNTY



Principal Place of Business

Mailing Address

201 S. TUTTLE AVENUE
 P. O. DRAWER 4185
 SARASOTA FL 34237

201 S. TUTTLE AVENUE
 P. O. DRAWER 4185
 SARASOTA FL 34237-6339

3. Date Incorporated or Qualified
 06/20/1983

3a. Date of Last Report
 07/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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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

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

BERTEAU, JOHN
 1500 RINGLING BLVD
 SARASOTA FL 33577

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	D	<input checked="" type="checkbox"/> DELETE
NAME	MOULTON, KATHERINE	
STREET ADDRESS	1620 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LEETZOW, LEONARD	
STREET ADDRESS	2 N. TAMiami TRAIL #1100	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARKE, ROBERT P.	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GITHLER, CHARLES	
STREET ADDRESS	1534 2ND ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	DARNELL, ROBERT W	
STREET ADDRESS	2033 MAIN STREET #406	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAGAN, KEVIN	
STREET ADDRESS	501 S. HARBOR DRIVE	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leetzow, Cherie	
1.3 STREET ADDRESS	7007 Clark Road	
1.4 CITY-ST-ZIP	Sarasota, FL 34241	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bader, Peggy	
2.3 STREET ADDRESS	1819 Main St, Ste 1204 (Bank/America)	
2.4 CITY-ST-ZIP	Sarasota, FL 34236	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bailey, Kenneth	
3.3 STREET ADDRESS	1549 Ringling Blvd (Enterprise Natl Bank)	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mancuso, Lynette	
4.3 STREET ADDRESS	1776 Ringling Blvd	
4.4 CITY-ST-ZIP	Sarasota, FL 34237	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Swick, Candace	
5.3 STREET ADDRESS	500 John Ringling Blvd	
5.4 CITY-ST-ZIP	Sarasota, FL 34236	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Woodruff, Patricia	
6.3 STREET ADDRESS	2 N. Tamiami Trail, #1200	
6.4 CITY-ST-ZIP	Sarasota, FL 34236	

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: *Donald E. Leetzow* / *Cherie Leetzow* Jc X 2/24/97 X941-3647461
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083408

CR2E037 (9/96)