

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/20/1983	
4. FEI Number 59-2429232	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code FL

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 DS	NAME LEETZOW, CHERIE	1.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7007 CLARK RD SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME MATTHEW FARHAT	
CITY-ST-ZIP SARASOTA FL		1.3 STREET ADDRESS 1800 2nd STREET #808-27	
TITLE X	NAME LEETZOW, LEONARD	1.4 CITY-ST-ZIP SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 N. TAMiami TRAIL #1100	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	
CITY-ST-ZIP SARASOTA FL		2.2 NAME	
TITLE TD	NAME CLARKE, ROBERT P	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1858 RINGLING BLVD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP SARASOTA FL		3.1 TITLE	
TITLE D	NAME BADER, PEGGY	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1819 MAIN ST, STE 1204 BANK/AMERICA	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE DNS	NAME DARNELL, ROBERT W	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2033 MAIN STREET #408	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-ST-ZIP SARASOTA FL		4.3 STREET ADDRESS	
TITLE D	NAME BAILEY, KENNETH	4.4 CITY-ST-ZIP	
STREET ADDRESS 1549 RINGLING BLVD, ENTERPRISE NATL BANK	<input type="checkbox"/> DELETE	5.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP SARASOTA FL		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, on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT P CLARKE** TRCLAS 3/5/98

CFR2037 (10/97)