

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012013

Entity Name: BABY BASICS OF SARASOTA COUNTY, INC.**Current Principal Place of Business:**

% SANDRA N SLAMINKO
4510 BAYCEDAR LANE
SARASOTA, FL 34241

Current Mailing Address:

% SANDRA N SLAMINKO
4510 BAYCEDAR LANE
SARASOTA, FL 34241

FEI Number: 11-3832610**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

SLAMINKO, SANDRA N
4510 BAYCEDAR LANE
SARASOTA, FL 34241 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SLAMINKO, SANDRA N
Address 4510 BAYCEDAR LANE
City-State-Zip: SARASOTA FL 34241

Title VPD
Name WILDHACK, ELIZABETH H
Address 3804 LYNDHURST COURT
City-State-Zip: SARASOTA FL 34235

Title SD
Name BOS, GWEN H
Address 3591 FERNEDELL
City-State-Zip: SARASOTA FL 34235

Title TD
Name GEORGIOU, ROBERTA
Address 4520 CHERRYBARK CT.
City-State-Zip: SARASOTA FL 34241

Title D
Name MAST, MINDY
Address 4107 CAMINO REAL
City-State-Zip: SARASOTA FL 34231

Title D
Name PRICE, BARBARA
Address 4513 CITATION LANE
City-State-Zip: SARASOTA FL 34233

Title FINANCE COMMITTEE CHAIR
Name LAWRENCE, CAROLINE
Address 5008 PALM AIRE DRIVE
City-State-Zip: SARASOTA FL 34243

Title D
Name HARRIS, GLINDA
Address 3123 BELLEFONTE AVE
City-State-Zip: NORTHPORT FL 34286

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE H LAWRENCE**FINANCE CHAIRMAN****02/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name KUDLA, LESLIE
Address 5417 COUNTRY LAKES LANE
City-State-Zip: SARASOT FL 34243

Title D
Name MORRIS, LYNNE
Address 4717 BONTA ROAD
City-State-Zip: VENICE FL 34293

Title D
Name MONTGOMERY, VIRGINIA
Address 8037 STIRLING FALLS CIR
City-State-Zip: SARASOTA FL 34243

Title D
Name BECHTEL, ROSEMARY
Address 2441 TERRY LN
City-State-Zip: SRARSOTA FL 34231