

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007719

Entity Name: WOMEN'S SPORTS MUSEUM, INC.**Current Principal Place of Business:**401 S. PALM AVE., #501
SARASOTA, FL 34236-6761**Current Mailing Address:**401 S. PALM AVE., #501
SARASOTA, FL 34236-6761 US**FEI Number:** 47-4687516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITTAKER, THOMAS C.P.A.
1521 S.TAMiami TRAIL, SUITE #303
VENICE, FL 34285-5567 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	P
Name	BEUAMIER, MICHAEL
Address	682 CLEAR CREEK DRIVE
City-State-Zip:	OSPREY FL 34229

Title	V
Name	GALLAGHER, CHRIS
Address	1527 SECOND STREET
City-State-Zip:	SARASOTA FL 34236

Title	T
Name	FANNING, PETER STEPHEN DR.
Address	401 S. PALM AVE. 501
City-State-Zip:	SARASOTA FL 34236-6761

Title	S
Name	FANNING, PETER
Address	401 S. PALM AVE., #501
City-State-Zip:	SARASOTA FL 34236-6761

Title	D
Name	GOLDSTEIN, JEAN W
Address	1226 N.TAMiami TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	ZIPAY, SUE
Address	2310 ENGLEWOOD ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	LAREAU, DINA A
Address	401 S. PALM AVE., #501
City-State-Zip:	SARASOTA FL 34236-6761

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: PETER S. FANNING**SECRETARY/TREASURER** 03/04/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date