

2019 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:**P.O. BOX 987
SARASOTA, FL 34230 US**FEI Number:** 47-4687516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FANNING, PETER STEPHEN DR.
401 S. PALM AVE.
501
SARASOTA, FL 34236 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:** PETER S> FANNING

01/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BEUAMIER, MICHAEL
Address	682 CLEAR CREEK DRIVE
City-State-Zip:	OSPREY FL 34229

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

Title	VP
Name	UNKEL, CHRISTINA E. ESQ.
Address	1605 MAIN STREET 710
City-State-Zip:	SARASOTA FL 34236

Title	P
Name	GREEN, BETH
Address	1401 MANATEE AVE. WEST 110
City-State-Zip:	BRADENTON, FL 34205

Title	DIRECTOR
Name	VESTAL, KATHARINE ESQ.
Address	P.O. BOX 987
City-State-Zip:	SARASOTA FL 34230

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**TREASURER**

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date