

2018 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:**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 D
Name BEUAMIER, MICHAEL
Address 682 CLEAR CREEK DRIVE
City-State-Zip: OSPREY FL 34229

Title S
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 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

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

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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: PETER S. FANNING**TREASURER****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, MICHELLE
Address 6800 GULFPORT BLVD
700
City-State-Zip: ST PETERSBURG FL 33707

Title D
Name NOAKES, PAMELA
Address 45090 BRAE TERRACE
102
City-State-Zip: AUBURN VA 20147

Title D
Name IRENE, GOTTLIEB
Address 620 45TH STREET
City-State-Zip: SARASOTA FL 34234

Title D
Name FENDT, PAMELA
Address 500 SAPHIRE DRIVE
City-State-Zip: SARASOTA FL 34234

Title D
Name SHIELDS, SHARON
Address 6551 JOCELYN HOLLOW ROAD
City-State-Zip: NASHVILLE TN 37205