

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90017 003 ****70.00

DOCUMENT # 747409



1. Entity Name
**WOMEN'S RESOURCE CENTER OF SARASOTA
COUNTY, INC.**

Principal Place of Business
**340 SOUTH TUTTLE AVE.
SARASOTA, FL 34237**

Mailing Address
**340 SOUTH TUTTLE AVE.
SARASOTA, FL 34237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1935145

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZARRO, JANICE
340 S TUTTLE AVE
SARASOTA, FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janice Zarro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	FVPD	<input type="checkbox"/> Delete
NAME	LEVINE, LEE	
STREET ADDRESS	7018 W COUNTRY CLUB DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPSKI, KATIE	
STREET ADDRESS	1323 LANDINGS	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEG, MEGAN	
STREET ADDRESS	4855 KESTRAL PKWY N.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VB	<input type="checkbox"/> Delete
NAME	FROMAN, ANDREW	
STREET ADDRESS	1819 MAIN ST. SUITE 1100	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, BARBARA	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	PICKARD, BETTY	
STREET ADDRESS	4844 KESTRAL PARK CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECOND V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FIRST V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Zarro

Date

Daytime Phone #

Jan 23, 2004 (940) 366-1700