## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2005 8:00 am **Secretary of State DOCUMENT #747409** 01-10-2005 90029 032 \*\*\*\*61.25 WOMEN'S RESOURCE CENTER OF SARASOTA COUNTY, INC. Principal Place of Business Mailing Address 340 SOUTH TUTTLE AVE. 340 SOUTH TUTTLE AVE. 40000369 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01062005 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-1935145 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZARRO, JANICE 340 S TUTTLE AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA-FL-34237 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 1 ST VP TITLE TITLE ☐ Detete 417 HUHT RIDGE DRIVE VENICE, FL 34285 34292 LEVINE, LEE NAME NAME STREET ADDRESS 7018 W COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP PD Addition TITLE Delete TITLE ANN M. ROGGERO 340 THE RIALTO LIPSKI, KATIE NAME NAME 1323 LANDINGS STREET ADDRESS STREET ADDRESS EHILE, FL 34285 CITY-ST-7IP SARASOTA; FL-34231 CITY-ST-ZIP ASSISTANT TREASURER Change YVETE KIM M 905 6th AUEHUE ΑT Addition TITLE 🙀 Delete TITLE NAME PEC. MEGANT NAME 4855 KESTPAL PKWY N. STREET ADDRESS STREET ADDRESS SARASOTATEL 34231 CITY-ST-ZIP BRAD CHTON, FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete FROMAN, ANDREW NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1819 MAIN ST. SUITE 1100

SARASOTA EL 34236

JONES, BARBARA

PICKARD, BETTY

1858 RINGLING BLVD

SARASOTA, FL 34239

SARASOTA, FL 34231

VP PRESIDENT

4844 KESTRAL PARK CIRCLE

<del>™</del>TR

ZARRO NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

CHANGE

ⅎ

CHANGE

□ Change

☐ Change

■ Addition

□ Addition

FILED