

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 032 ****70.00

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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
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01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1935145	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARRO, JANICE
 340 S TUTTLE AVE
 SARASOTA, FL 34237

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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* (NOTE: Registered Agent signature required when reinstating)
 DATE: *January 15, 2007*

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, LEE 7018 W COUNTRY CLUB DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONK, SHARON 417 HUNT RIDGE DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Leanne Levine*
 DATE: *3/1/07* DAYTIME PHONE: *941-355-1307*