

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

66004010



DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP

CR2E037 (4/06)

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

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

**DO NOT WRITE
IN THIS SPACE**

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)

January 15, 2007

DATE

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

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IN THIS SPACE**

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:

Leeanne Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

941-355-1307

Daytime Phone #