

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747409

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

340 SOUTH TUTTLE AVE.  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

340 SOUTH TUTTLE AVE.  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 59-1935145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** MILLER, MARY  
**Address:** 3510 MISTLETOE LANE  
**City-St-Zip:** LONGBOAT KEY, FL 34288

**Title:** P  
**Name:** MCINTIRE, LYDIA  
**Address:** 461 EAST ROYAL FLAMINGO DR  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** T  
**Name:** BLACK, ELIZABETH  
**Address:** 317 DULMER DRIVE  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** VP  
**Name:** HAMAD, RENEE  
**Address:** 1814 ROLAND ST.  
**City-St-Zip:** SARASOTA, FL 34231

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:** JANICE ZARRO

E DR

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date