

747409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

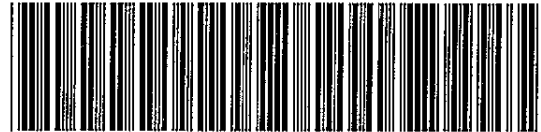
(Business Entity Name)

(Document Number)

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PA 69  
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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WOMEN'S RESOURCE CENTER OF SARASOTA COUNTY, INC.  
(Name of corporation)

DOCUMENT NUMBER: 747409

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY JOHNSON  
(Name of person)

WOMEN'S RESOURCE CENTER OF SARASOTA COUNTY, INC  
(Name of firm/company)

340 S. TUTTLE AVE  
(Address)

SARASOTA, FL 34237  
(City/state and zip code)

For further information concerning this matter, please call:

MARY JOHNSON at ( 941 ) 366 1700  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

# Women's Resource Center

OF SARASOTA COUNTY, INC.

## OFFICERS

KATHY LIPSKI  
PRESIDENT

BETTY PICKARD  
FIRST VICE PRESIDENT

ANDREW FROMAN  
SECOND VICE PRESIDENT

LEE LEVINE  
SECRETARY

BARBARA JONES, CPA, CFP  
TREASURER

PEG MCGAW  
ASSISTANT TREASURER

## BOARD OF DIRECTORS

SUZIEY BRAUNSTEIN  
SUZIEY FONS  
JUDI GALLAGHER  
SUSAN BARRETT HECKER  
MARY HERRMAN  
HAROLD JOES  
VIVIAN KIMM  
PAULA KNOTT  
SHARON L. MONK  
ANN M. ROGGERO  
ANNETTE Z. P. ROSS  
BETTY SCHOFENBAUM  
MARTIN SPENCER  
ANN C. THOMPSON

PARLIAMENTARIAN  
DR. ELLINOR CRAWFORD

EXECUTIVE DIRECTOR  
JANICE ZARRO

November 19, 2003

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

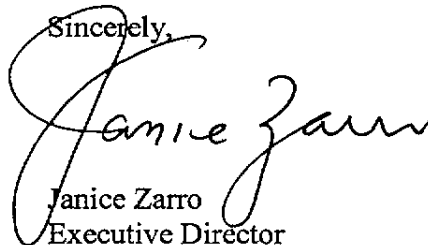
Re: Registered Agent Change for Women's Resource Center of  
Sarasota County, Inc.

Dear Sir:

Enclosed with regard to the above referenced matter is a Statement of Change of Registered Office or Registered Agent or both for Corporations form, along with our firm check in the amount of \$35.00. The Transmittal Letter is also enclosed.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

  
Janice Zarro  
Executive Director

Enc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WOMEN'S RESOURCE CENTER OF SARASOTA COUNTY, INC
2. The principal office address: 340 S. TUTTLE AVE  
SARASOTA, FL 34237
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5-29-79 Document number: 747409
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BOYD, MARGARET O  
340 S TUTTLE AVE  
SARASOTA, FL 34237

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ZARRO, JANICE  
340 S TUTTLE AVE  
(P.O. Box or personal mailbox NOT acceptable)  
SARASOTA, FL 34237

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Katherine Lipski  
(Signature of an officer or director)

Katherine Lipski, PRESIDENT  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Janice Zarro  
(Signature of Registered Agent)

November 18, 2003  
(Date)

If signing on behalf of an entity:

JANICE ZARRO  
(Typed or Printed Name)

Executive Director  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314