

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748595 (6)

1. Corporation Name

SAFE PLACE AND RAPE CRISIS CENTER, INC. OF SARASOTA



Principal Place of Business

Mailing Address

1750 17TH ST.
UNIT H
SARASOTA FL 34234

1750 17TH ST.
UNIT H
SARASOTA FL 34234

3. Date Incorporated or Qualified
08/21/1979

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1943399

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, JEAN B.
1750 17TH ST., UNIT H
SARASOTA FL 34234

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ALICE DAVIDSON,
STREET ADDRESS 8231 COASH ROAD
CITY-ST-ZIP SARASOTA FL 34241

1.1 TITLE 2nd Vice President ☐ Change ☒ Addition
1.2 NAME Anita Holec
1.3 STREET ADDRESS 1708 Casey Key Road
1.4 CITY-ST-ZIP Nokomis, FL 34275

TITLE 1VP ☐ DELETE
NAME MARY ANN ROBINSON,
STREET ADDRESS 689 EAGLE WATCH LANE
CITY-ST-ZIP OSPREY FL 34229

2.1 TITLE President ☒ Change ☐ Addition

TITLE 2VP ☐ DELETE
NAME ANDY CAIL
STREET ADDRESS 723 NORSOTA WAY
CITY-ST-ZIP SARASOTA FL 34232

3.1 TITLE 1st Vice President ☒ Change ☐ Addition

TITLE S ☐ DELETE
NAME DEREK BILLIB
STREET ADDRESS 5418 SIESTA COVE DR.
CITY-ST-ZIP SARASOTA FL 34242

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME GAY, JEAN B.
STREET ADDRESS 1435 KIMURA LANE
CITY-ST-ZIP SARASOTA FL 34231

5.1 TITLE 800001780578
5.2 NAME -04/15/96--01077--001
5.3 STREET ADDRESS ***70.00
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME BUCK, SUSAN
STREET ADDRESS 5207 HIDDEN HARBOR RD
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

N-15-96
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie C. Woods 02/09/96 (941)365-1976

Jean B. Gay

3/20/96

CR2E037 (12/95)