

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-1943399**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Country
<b>24</b>	Country	<b>29</b>	Zip
<b>25</b>		<b>30</b>	

5. Certificate of Status Desired

**X00X**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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 *Jean B. Gay*  
Signature typed or printed name of registered agent and title if applicable.

**Jean B. Gay, Ex. Director**

**1-12-98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLEC, ANITA</b>	
STREET ADDRESS	<b>1708 CASEY KEY RD.</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARY ANN ROBINSON,</b>	
STREET ADDRESS	<b>689 EAGLE WATCH LANE</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDY CAIL</b>	
STREET ADDRESS	<b>723 NORISOTA WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEREK BILLIB</b>	
STREET ADDRESS	<b>5418 SIESTA COVE DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAY, JEAN B.</b>	
STREET ADDRESS	<b>1435 KIMURA LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCK, SUSAN</b>	
STREET ADDRESS	<b>5207 HIDDEN HARBOR RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Olivia Thomas</b>	
1.3 STREET ADDRESS	<b>7615 Weeping Willow Circle</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34241</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jennifer Saslaw</b>	
2.3 STREET ADDRESS	<b>1003 Westway Drive</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Jean B. Gay* **Jean B. Gay, Ex. Dir.**

**1-12-98**

**941 365 1974**

CR2E037 (10/97)