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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90086 029 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748595

1. Corporation Name

SAFE PLACE AND RAPE CRISIS CENTER, INC. OF SARASOTA

Principal Place of Business

1750 17TH ST.
UNIT H
SARASOTA FL 34234

Mailing Address

1750 17TH ST.
UNIT H
SARASOTA FL 34234

181992 - 90086 - 29



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/21/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1943399
24 Country	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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* Jean B. Gay, Ex. Director *Feb 22, 1999*
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, OLIVIA	1.2 NAME	
STREET ADDRESS	7615 WEEPING WILLOW CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN ROBINSON	2.2 NAME	Louise Bruderle
STREET ADDRESS	689 EAGLE WATCH LANE	2.3 STREET ADDRESS	984 Indian Beach Drive
CITY-ST-ZIP	OSPREY FL 34229	2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASLAW, JENNIFER	3.2 NAME	
STREET ADDRESS	1003 WESTWAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEREK BILLIB	4.2 NAME	
STREET ADDRESS	5418 SIESTA COVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, JEAN B.	5.2 NAME	
STREET ADDRESS	1435 KIMURA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, SUSAN	6.2 NAME	Mary E. Brown
STREET ADDRESS	5207 HIDDEN HARBOR RD	6.3 STREET ADDRESS	P. O. Box 3498
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34230

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, with all other like empowered.

SIGNATURE *Jean B. Gay* Jean B. Gay, Ex. Director *2/22/99* (941) 365-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)