

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748595

FILED
Jan 07, 2004
Secretary of State

Entity Name: SAFE PLACE AND RAPE CRISIS CENTER, INC. OF SARASOTA

Current Principal Place of Business:

2139 MAIN STREET
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2139 MAIN STREET
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-1943399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, STEPHANIE C
2139 MAIN STREET
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: P () Delete
Name: BILLIB, DEREK W
Address: 5418 SIESTA COVE DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: V () Delete
Name: BROWN, MARY E
Address: 1101 VERNA ROAD
City-St-Zip: SARASOTA, FL 34240

Title: V () Delete
Name: NEHER, LOUISE
Address: 5481 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: WITZER, MICHELLE
Address: 4129 HIGEL AVENUE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: WOODS, STEPHANIE C
Address: 2604 BOTANY AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GAY, JEAN
Address: 1435 KIMLIRA LANE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE C. WOODS

E.D.

01/07/2004

Electronic Signature of Signing Officer or Director

Date