

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748595

FILED
Apr 30, 2008
Secretary of State

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

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:

THOMAS, OLIVIA
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: GAY, JEAN
Address: 12 BISHOP COURT ROAD
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: SHAW, TIMOTHY ESQ
Address: 5409 SIESTA COVE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: SMITH-ORTH, DELIA
Address: 6523 VIRGINIA CROSSINGS
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: T () Delete
Name: WEBEL, GLORIA
Address: 7965 MEGAN HAMMOCK WAY
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: THOMAS, OLIVIA
Address: 3806 REDFISH COURT
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: WISMER, BRUCE
Address: 6135 BEECHWOOD AVENUE
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: V (X) Change () Addition
Name: WITZER, MICHELLE
Address: 4129 HIGEL AVENUE
City-St-Zip: SARASOTA, FL 34242

Title: T (X) Change () Addition
Name: WISMER, BRUCE REV
Address: 6135 BEECHWOOD AVENUE
City-St-Zip: SARASOTA, FL 34231

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

Title: S (X) Change () Addition
Name: WALSH, LISA
Address: 5570 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OLIVIA THOMAS

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date