2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748595

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2139 MAIN STREET SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2139 MAIN STREET SARASOTA, FL 34237

FEI Number: 59-1943399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, OLIVIA 2139 MAIN STREET SARASOTA, FL 34237 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: SEC (X) Change () Addition Name: GAY, JEAN Name: BARBARA, KELLEHER

Address: 12 BISHOP COURT ROAD Address: 1281 TREE BAY LANE
City-St-Zip: OSPREY, FL 34229 City-St-Zip: SARASOTA, FL 34229

Title: V () Delete Title: V P (X) Change () Addition Name: SHAW, TIMOTHY ESQ Name: DEREK, WILSON-BILLIB

Address: 5409 SIESTA COVE DRIVE Address: PO BOX 21142
City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34276

Title: V () Delete Title: TREA (X) Change () Addition

Name:WITZER, MICHELLEName:WITZER, MICHELLEAddress:4129 HIGEL AVENUEAddress:4129 HIGEL AVENUECity-St-Zip:SARASOTA, FL 34242City-St-Zip:SARASOTA, FL 34242

Title: T () Delete Title: V P (X) Change () Addition

 Name:
 WISMER, BRUCE REV
 Name:
 WISMER, BRUCE REV

 Address:
 6135 BEECHWOOD AVENUE
 Address:
 6135 BEECHWOOD AVENUE

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34231

Title: D () Delete Title: DIRE (X) Change () Addition

 Name:
 THOMAS, OLIVÍA
 Name:
 THOMAS, OLIVÍA

 Address:
 3806 REDFISH COURT
 Address:
 3806 REDFISH COURT

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 PALMETTO, FL 34221

Title: S () Delete Title: PRES (X) Change () Addition Name: WALSH, LISA Name: WALSH, LISA

Address: 5570 GULF OF MEXICO DRIVE Address: 5570 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 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 DIRE 04/29/2009