

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748595

FILED
Feb 01, 2012
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: SEC
Name: KELLEY, SUSAN
Address: 888 BLVD. OF THE ARTS, UNIT 101
City-St-Zip: SARASOTA, FL 34236

Title: V P
Name: HONEY, MARTHA
Address: C/O HARRIS BANK, 2033 MAIN ST SUITE 200
City-St-Zip: SARASOTA, FL 34237

Title: TREA
Name: WILSON BILLIB, DEREK
Address: PO BOX 21142
City-St-Zip: SARASOTA, FL 34276

Title: PRES
Name: WISMER, BRUCE REV
Address: 6135 BEECHWOOD AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: DIRE
Name: THOMAS, OLIVIA
Address: 2139 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: V P
Name: LANIER, SUSAN
Address: PO BOX 270
City-St-Zip: ARCADIA, FL 34265

I hereby 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 all other like empowered.

SIGNATURE: OLIVIA THOMAS

DIRE

02/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date