2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748595

FILED Mar 04, 2003 Secretary of State

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

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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODS, STEPHANIE C 2139 MAÍN 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: () Delete (X) Change () Addition SASLAW, JENNIFER BILLIB, DEREK W Name: Name: 541 NORSOTA WAY Address: 5418 SIESTA COVE DRIVE Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: (X) Change () Addition BILLIB, DEREK W Name: BROWN, MARY E Name: Address: 5418 SIESTA COVE DRIVE Address: 1101 VERNA ROAD City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: (X) Change () Addition BROWN, MARY E NEHER, LOUISE Name: Name: 5481 GULF OF MEXICO DRIVE Address: PO BOX 3498 Address: City-St-Zip: SARASOTA, FL 34230 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: (X) Change () Addition Name: DAVIDSON, ALICE Name: WITZER, MICHELLE 555 VERNA ROAD Address: Address: 4129 HIGEL AVENUE City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: () Change () Addition WOODS, STEPHANIE C Name: Name: 2604 BOTANY AVENUE Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMAS, OLIVIA GAY, JEAN Name: Name: Address: 4816 ARLINGTON ROAD Address: 1435 KIMLIRA LANE PALMETTO, FL 34221 SARASOTA, FL 34231 City-St-Zip: 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 D 03/04/2003