

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764195 (4)

1. Corporation Name

WOMEN'S SUPPORT GROUP OF SOUTH SARASOTA COUNTY,
INC.



Principal Place of Business

Mailing Address

400 S. TAMiami TRl..#240
VENICE FL 34285

400 S. TAMiami TRl..#240
VENICE FL 34285

3. Date Incorporated or Qualified

07/16/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2477493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATES, SHIRLEY A
5252 WELFLEET DRIVE W
SARASOTA FL 34241

81

Name WILBURTA W. DYE

82

Street Address (P.O. Box Number is Not Acceptable)

1215 WINDWARD DR.

83

City

84

City OSPREY

FL

85

34229

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wilburta W. Dye, Exec. Dir.

April 18, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BATES, SHIRLEY A
STREET ADDRESS 5252 WELFLEET DR W
CITY-ST-ZIP SARASOTA FL

TITLE VD ☒ DELETE
NAME FOND, BARBARA L
STREET ADDRESS 5271 HERON RD
CITY-ST-ZIP VENICE FL

TITLE VD ☒ DELETE
NAME JONES, JOAN
STREET ADDRESS 249 S TAMiami TR
CITY-ST-ZIP VENICE FL

TITLE TD ☐ DELETE
NAME YOUNG, NORMA B
STREET ADDRESS 235 INNER DR E
CITY-ST-ZIP VENICE FL

TITLE SD ☐ DELETE
NAME MCGLOTHIN, KAYE
STREET ADDRESS 766 CONNEMARA STREET
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change: ☐ Addition
1.2 NAME Ann Campbell White
1.3 STREET ADDRESS 256 Nokomis Ave. #1
1.4 CITY-ST-ZIP Venice, FL 34285

2.1 TITLE VD ☒ Change: ☐ Addition
2.2 NAME Donna Lee Roden
2.3 STREET ADDRESS 1521 Quail Dr.
2.4 CITY-ST-ZIP Sarasota, FL 34231

3.1 TITLE VD ☒ Change: ☐ Addition
3.2 NAME Dolores Sadler
3.3 STREET ADDRESS 415 Bradenton Rd.
3.4 CITY-ST-ZIP Venice, FL 34293

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE EXEC D ☐ Change: ☒ Addition
6.2 NAME WILBURTA W. DYE
6.3 STREET ADDRESS 1215 WINDWARD DR
6.4 CITY-ST-ZIP OSPREY, FL 34229

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilburta W. Dye, Executive Director

Date

Daytime Phone #

CR2E037 (12/95)