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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764195 (4)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

**400 S. TAMiami TRl..#240
VENICE FL 34285-2624**3. Date Incorporated or Qualified
07/16/19823a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

**DYE, WILBURTA W.
1215 WINDARD DR
OSPNEY FL 34229**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ANN CAMPBELL	
STREET ADDRESS	256 NOKOMIS AVE #1	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODEN, DONNNA LEE	
STREET ADDRESS	1521 QUAIL DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SADLER, DOLORES	
STREET ADDRESS	415 BRADENTON RD	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, NORMA B	
STREET ADDRESS	235 INNER DR E	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCGLOTHIN, KAYE	
STREET ADDRESS	766 CONNEMARA STREET	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYE, WILBURTA W	
STREET ADDRESS	1215 WINDWARD DR	
CITY-ST-ZIP	OSPNEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thompson, Ann	
1.3 STREET ADDRESS	152 Nokomis Ave., S.	
1.4 CITY-ST-ZIP	Venice, FL 34285	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sadler, Dolores	
2.3 STREET ADDRESS	415 Bradenton Road	
2.4 CITY-ST-ZIP	Venice, FL 34293	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fulmer, Carol	
3.3 STREET ADDRESS	1231 Pinebrook Way	
3.4 CITY-ST-ZIP	Venice, FL 34292	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Seminario, Elizabeth	
5.3 STREET ADDRESS	563 Oxford Street	
5.4 CITY-ST-ZIP	Venice, FL 34293	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wilburta W. Dye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1997, 9724

Date

Daytime Phone # 0064437

CR2E037 (9/96)