


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/16/1982

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**DYE, WILBURTA W.
1215 WINDARD DR
OSPREY 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

Wilburta W. Dye

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, ANN	
STREET ADDRESS	152 NOKOMIS AVE S	
CITY-ST-ZIP	VENICE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SADLER, DOLORES	
STREET ADDRESS	415 BRADENTON ROAD	
CITY-ST-ZIP	VENICE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULMER, CAROL	
STREET ADDRESS	1231 PINEBROOK WAY	
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 type="checkbox"/> DELETE
NAME	SEMINARIO, ELIZABETH	
STREET ADDRESS	563 OXFORD STREET	
CITY-ST-ZIP	VENICE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DYE, WILBURTA W	
STREET ADDRESS	1215 WINDWARD DR	
CITY-ST-ZIP	OSPREY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN C. THOMPSON
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 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: *Norma B. Young* TREASURER

4/8/98

941-485-9724

CR2E037 (10/97)