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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764195

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

DYE, WILBURTA W.
1215 WINDARD DR
OSPNEY FL 34229

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME THOMPSON, ANN C
STREET ADDRESS 152 NOKOMIS AVE S
CITY-ST-ZIP VENICE FL

TITLE VD ☒ DELETE
NAME SADLER, DOLORES
STREET ADDRESS 415 BRADENTON ROAD
CITY-ST-ZIP VENICE FL

TITLE VD ☐ DELETE
NAME FULMER, CAROL
STREET ADDRESS 1231 PINEBROOK WAY
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 SEMINARIO, ELIZABETH
STREET ADDRESS 563 OXFORD STREET
CITY-ST-ZIP VENICE FL

TITLE D ☐ 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 ☐ Change ☒ Addition
1.2 NAME ANNETTE Z. P. ROSS
1.3 STREET ADDRESS 871 VENETIA BAY BLVD, SUITE#210
1.4 CITY-ST-ZIP VENICE, FL 34292

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME CHARLOTTE KRANCH
3.3 STREET ADDRESS 832 PINELAND AVE.
3.4 CITY-ST-ZIP VENICE, FL 34292

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 ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Norma B Young* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

941-485-9724

Daytime Phone #

CR2E037 (11/98)