

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90443 001 ****61.25

DOCUMENT # N00145

1. Entity Name

**THE LEAGUE OF WOMEN VOTERS OF SARASOTA
COUNTY, INC.**



Principal Place of Business

6120 S LOCKWOOD RIDGE RD
SARASOTA FL 34231
US

Mailing Address

6120 S LOCKWOOD RIDGE RD
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6178223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARIKA, VIRGINIA S
5601 KILMORY WAY
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name **Patricia Price**

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

1055 Peppertree Dr. #505

City **Sarasota**

FL

Zip Code **34242**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia M Price*

4-22-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **TARIKA, VIRGINIA**
STREET ADDRESS **5601 KILMORY WAY**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **S** ☐ Delete
NAME **GUEST, CYNTHIA**
STREET ADDRESS **2722 ORCHID OAKS DR.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **COP** ☒ Delete
NAME **SLOUM, JEAN**
STREET ADDRESS **700 JOHN RINGLAKE BLVE #1605**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **T** ☐ Delete
NAME **NOYES, KIM**
STREET ADDRESS **6120 S LOCKWOOD RIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Patricia Price**
STREET ADDRESS **1055 Peppertree Dr. #505**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Cynthia Guest**
STREET ADDRESS **2722 orchid Oaks Dr.**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Nanci Babigian**
STREET ADDRESS **5249 Cape Leyte Dr.**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia M Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Price

4-22-05 941-921-9778

Date

Daytime Phone #