

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90182 025 \*\*\*\*61.25

**DOCUMENT # N01000000720**

1. Entity Name  
**SARASOTA WOMEN'S ALLIANCE, INC.**



Principal Place of Business  
**P.O. BOX 1378  
SARASOTA, FL 34230-1378**

Mailing Address  
**P.O. BOX 1378  
SARASOTA, FL 34230-1378**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-1092599**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUPPY, JUDY  
3902 SOMERSET DR  
SARASOTA, FL 34242**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when restateing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  
NAME **CUPPY, JUDITH**  
STREET ADDRESS **3902 SOMERSET DR**  
CITY-ST-ZIP **SARASOTA, FL 34242**

☐ Delete

TITLE **T**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **T**  
NAME **PETER, MARJORIE**  
STREET ADDRESS **3347 OLD OAK DR**  
CITY-ST-ZIP **SARASOTA, FL 34239**

☐ Delete

TITLE **✓**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **V**  
NAME **ISHAM, JOHNETTE**  
STREET ADDRESS **2700 N TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34234**

☐ Delete

TITLE **P**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **P**  
NAME **RUSHING, KAREN**  
STREET ADDRESS **P.O. BOX 3079**  
CITY-ST-ZIP **SARASOTA, FL 34230**

☒ Delete

TITLE **D**  
NAME **CHUNG, LEE-EN**  
STREET ADDRESS **5174 NORTHRIDGE ROAD, Suite 208**  
CITY-ST-ZIP **SARASOTA, FL 34238**

☐ Change ☒ Addition

TITLE **D**  
NAME **HOPKINS, WENDY**  
STREET ADDRESS **4909 HIDDEN OAKS TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34232**

☐ Delete

TITLE **S**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**  
NAME **GETZEN, LINDA**  
STREET ADDRESS **1457 LANDING CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34231**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/07 (941) 924-0494