


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 008 \*\*\*\*61.25

<b>DOCUMENT # N01000000720</b> 1. Entity Name <b>SARASOTA WOMEN'S ALLIANCE, INC.</b>					
Principal Place of Business <b>P.O. BOX 1378 SARASOTA, FL 34230-1378</b>			Mailing Address <b>P.O. BOX 1378 SARASOTA, FL 34230-1378</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1092599</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CUPPY, JUDY</b> <b>3902 SOMERSET DR</b> <b>SARASOTA, FL 34242</b>				Name <i>Carla Plush Smith</i> Street Address (P.O. Box Number is Not Acceptable) <i>1249 N. Lakeshore Dr.</i> <i>Sarasota, FL 34231</i>	
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.				City <b>FL</b> Zip Code	
SIGNATURE <i>Carla Plush Smith</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <b>4.18.08</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUPPY, JUDITH		NAME	<i>Alexandra Quarks</i>	
STREET ADDRESS	3902 SOMERSET DR		STREET ADDRESS	1838 Waldemere Street	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	Sarasota, FL 34239-2919	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER, MARJORIE		NAME	<i>Carla Plush Smith</i>	
STREET ADDRESS	3347 OLD OAK DR		STREET ADDRESS	1249 N. Lake Shore Drive	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISHAM, JOHNETTE		NAME	<i>Carla Plush Smith</i>	
STREET ADDRESS	2700 N TAMiami TRAIL		STREET ADDRESS	1249 N. Lake Shore Drive	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	D	<input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, LEE-EN		NAME		
STREET ADDRESS	5174 NORTHRIDGE RD, STE 208		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HOPKINS, WENDY		NAME		
STREET ADDRESS	4909 HIDDEN OAKS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	GETZEN, LINDA		NAME		
STREET ADDRESS	1457 LANDING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
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: <i>Carla Plush Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>4.18.08</b> Date	
				Daytime Phone #	