

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000720

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6120 S. LOCKWOOD RIDGE RD.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

6120 S. LOCKWOOD RIDGE RD.  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 65-1092599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOYES, KIMBERLY A  
6120 S. LOCKWOOD RIDGE RD.  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BUCHANAN, CAROL POTEAT  
**Address:** 5346 EVERWOOD RUN  
**City-St-Zip:** SARASOTA, FL 34235 US

**Title:** VP  
**Name:** GETZEN, LINDA  
**Address:** 1457 LANDINGS CIRCLE  
**City-St-Zip:** SARASOTA, FL 34231 US

**Title:** T  
**Name:** SMITH, CARLA  
**Address:** 2 N. TAMiami TRAIL, SUITE 506  
**City-St-Zip:** SARASOTA, FL 34236 US

**Title:** S  
**Name:** CROSS, LU  
**Address:** 4147 CASCADE FALLS DRIVE  
**City-St-Zip:** SARASOTA, FL 34243 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CAROL POTEAT BUCHANAN

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date