

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005395

FILED
Apr 22, 2009
Secretary of State

Entity Name: WOMEN'S COUNCIL OF REALTORS, SARASOTA CHAPTER, INC.

Current Principal Place of Business:

3590 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3590 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-0292693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CONKLIN, MARY F
7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201 US

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: MARY F CONKLIN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRABTREE, MICHELLE
Address: 3590 SOUTH TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: CP () Delete
Name: FANNES, CARI J
Address: 3590 SOUTH TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: EDWARDS, DORIS
Address: 3590 SOUTH TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRS () Change (X) Addition
Name: CONKLIN, MARY F
Address: 3590 SOUTH TUTTLE AVE
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY F CONKLIN

TRS

04/22/2009

Electronic Signature of Signing Officer or Director

Date