

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012013

FILED
Apr 21, 2009
Secretary of State

Entity Name: BABY BASICS OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

% SANDRA N SLAMINKO
4510 BAYCEDAR LANE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

% SANDRA N SLAMINKO
4510 BAYCEDAR LANE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 11-3832610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAMINKO, SANDRA N
4510 BAYCEDAR LANE
SARASOTA, FL 34241 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: PD () Delete
Name: SLAMINKO, SANDRA N
Address: 4510 BAYCEDAR LANE
City-St-Zip: SARASOTA, FL 34241

Title: VPD () Delete
Name: WILDHACK, ELIZABETH H
Address: 3804 LYNDHURST COURT
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: BOS, GWEN H
Address: 3591 FERDELL
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: MONTGOMERY, VIRGINIA
Address: 8037 STIRLING FALLS CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: MAST, MINDY
Address: 4107 CAMINO REAL
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: PRICE, BARBARA
Address: 4513 CITATION LANE
City-St-Zip: SARASOTA, FL 34233

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: TD (X) Change () Addition
Name: LAWRENCE, CAROLINE
Address: 5008 PALM AIRE DR.
City-St-Zip: SARASOTA, FL 34243

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

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

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: CAROLINE LAWRENCE

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date