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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 13 PM 2:38

DOCUMENT # N43504 (2)

1. Corporation Name

SARASOTA CHAPTER OF THE WOMEN'S COUNCIL OF REALT
ORS. OF THE NATIONAL ASSOCIATION OF REALTORS., I

Principal Place of Business	Mailing Address
C/O SARASOTA BOARD OF REALTORS P O BOX 25128 SARASOTA FL 34277 US	C/O SARASOTA BOARD OF REALTORS P O BOX 25128 SARASOTA FL 34277 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1991	3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0283496	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHORT, PATRICIA 7117 PINE NEEDLE RD SARASOTA FL 34242	81 Name: Robert Dowie 82 Street Address (P.O. Box Number is Not Acceptable): ~~125 Avenida Veneccia~~ 83 ~~Sarasota, Fl 34242~~ 84 City: Sarasota FL 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Dowie DATE: 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 1 TITLE	~~President/Director~~ ☒ Change ☐ Addition
NAME	SALTZMAN, JUDY	1 2 NAME	Mary Beth Robertson
STREET ADDRESS	4733 SPRING MEADOW DR	1 3 STREET ADDRESS	61 Blvd of Presidents
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	RS	2 1 TITLE	President Elect /Dir. ☒ Change ☐ Addition
NAME	RUNNETTE, BETH	2 2 NAME	Valerie Woodger
STREET ADDRESS	7751 BEE RIDGE RD	2 3 STREET ADDRESS	1801 Main Street
CITY-ST-ZIP	SARASOTA FL	2 4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	CS	3 1 TITLE	Same (Director) ☐ Change ☐ Addition
NAME	HEDGE, CHARLOTTE	3 2 NAME	
STREET ADDRESS	7142 BENEVA RD	3 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3 4 CITY-ST-ZIP	
TITLE	PD	4 1 TITLE	Treasurer/Director ☒ Change ☐ Addition
NAME	SHORT, PATRICIA	4 2 NAME	Robert Dowie
STREET ADDRESS	7117 PINE NEEDLE RD	4 3 STREET ADDRESS	125 Avenida Veneccia
CITY-ST-ZIP	SARASOTA FL	4 4 CITY-ST-ZIP	Sarasota, Fl 34242
TITLE	T	5 1 TITLE	Vice President/Director ☒ Change ☐ Addition
NAME	WRIGHT, ROSE	5 2 NAME	Nancy Smith
STREET ADDRESS	3942 GLEN OAKS MANOR DR	5 3 STREET ADDRESS	3701 Osprey Avenue
CITY-ST-ZIP	SARASOTA FL	5 4 CITY-ST-ZIP	Sarasota, Fl 34239
TITLE		6 1 TITLE	Secretary /Director ☒ Change ☐ Addition
NAME		6 2 NAME	Norene Cleary
STREET ADDRESS		6 3 STREET ADDRESS	5449 Creeping Hammock Drive
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Sarasota, Fl 34231

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT DOWIE, Robert Dowie TRES. 4/10/95 (813)349-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0004123

Profit & Loss Statement N43504

1/1/94 Through 12/26/94

12/26/94
WCR-WCR

Category Description		1/1/94-12/26/94
INCOME/EXPENSE		
INCOME		
Expo Table		210.00
Fundraising		5,378.23
LTG		675.00
Mem dues		5,431.85
RPAC		745.00
Sponsor money 1995		200.00
TOTAL INCOME		12,640.08
EXPENSES		
Accounting		70.00
Achiev. book		101.60
Affilte Apprec		302.54
Am. Dream Wk		140.00
Bank Charge		51.56
Charitable Donations		1,000.00
Conference:		
Membership Travel	606.90	
Pres. Elect.	3,286.12	
President	3,290.96	
Total Conference		7,183.98
Corr. Secretary		23.50
District V.P.		135.36
Honorary Member		190.00
Hospitality		26.75
Insurance		393.75
Leadership Dev		60.00
Lunch-flyers		-41.69
Luncheon:		
Dec Awards	280.34	
Dec Decorations	108.00	
Guests	0.00	
Luncheon - Other	165.20	
Total Luncheon		553.54
Membership Comm		32.11
Misc Prtg-Pstg		74.04
Printing and Postage		275.00
Prog Comm		55.64
RPAC		1,000.00
Scholarship		3,294.00
State Pres Mtg		71.96
Surplus		802.64
Expenses - Other		0.00
TOTAL EXPENSES		15,796.28
TOTAL INCOME/EXPENSE		-3,156.20