


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43504 (2) 1. Corporation Name SARASOTA CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS. OF THE NATIONAL ASSOCIATION OF REALTORS., I			
Principal Place of Business C/O SARASOTA BOARD OF REALTORS P O BOX 25126 SARASOTA FL 34277 US		Mailing Address C/O SARASOTA BOARD OF REALTORS P O BOX 25126 SARASOTA FL 34277-2126 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/21/1991		3a. Date of Last Report 06/24/1996	
4. FEI Number 65-0283496		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent DUKOR, LINDA 3118 LAKESIDE CIR PARRISH FL 34219		10. Name and Address of New Registered Agent 81 Name Bette Runnette 82 Street Address (P.O. Box Number is Not Acceptable) 7751 Bee Ridge Road 83 34241 84 City Sarasota FL 85 Zip Code 34241	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE: <i>Bette Runnette</i> Bette Runnette, Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE:			
12. 1996 OFFICERS AND DIRECTORS		13. 1997 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PED NAME RUNETTE, BETTE STREET ADDRESS 7751 BEE RIDGE RD CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Runnette, Bette 1.3 STREET ADDRESS 7751 Bee Ridge Road 1.4 CITY-ST-ZIP Sarasota, FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME WOODGER, VALERIE STREET ADDRESS 1801 MAIN ST CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PED 2.2 NAME Jordan, Sue 2.3 STREET ADDRESS 3100 Tamiami Trail South 2.4 CITY-ST-ZIP Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CSD NAME NEZELEK, MARGE STREET ADDRESS 4421 BEE RIDGE RD CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD 3.2 NAME Cristello, Gail 3.3 STREET ADDRESS 3687 Webber Street 3.4 CITY-ST-ZIP Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DUKOR, LINDA STREET ADDRESS 3118 LAKESIDE CIR CITY-ST-ZIP PARRISH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME Nezelek, Marge 4.3 STREET ADDRESS 4121 Bee Ridge Road 4.4 CITY-ST-ZIP Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DOWIE, ROBERT STREET ADDRESS 125 AVENIDA VENECCIA CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE RSD 5.2 NAME Hilla, Sharon 5.3 STREET ADDRESS 1237 Stickney Point Road 5.4 CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JOHNSON, ANNE STREET ADDRESS 3731 KINGSTON BLVD CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE CSD 6.2 NAME Guiltinan, Nan 6.3 STREET ADDRESS 7141 Beneva Road 6.4 CITY-ST-ZIP Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Bette Runnette</i> Bette Runnette President 941-378-4466 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)