

AMENDED

9/11/2007-90005-039-\$61.25-\$61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
07 NOV -5 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NG2000000964

1. Entity Name
WOMENS SERTOMA OF VENICE 10744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 1046 517 Mt Vernon Dr
Suite, Apt #, etc

3. Mailing Address
PO BOX 1046
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34285 34293

Country

Zip
34285

Country

4. FEI Number
65-0385080

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Cherylann Tracy (President)

Street Address (P.O. Box Number is Not Acceptable)
517 Mount Vernon Dr

City Venice FL Zip Code 34293

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <u>Cherylann Tracy</u> <u>JACKIE KENNEDY</u> <u>401 SUNSET DR</u> <u>VENICE, FL 34285 34293</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT <u>Cecilia Alexander</u> <u>SHEILA KAUFER</u> <u>1004 AUBURN LAKES CR</u> <u>VENICE, FL 34275 34293</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <u>Linda Bena</u> <u>PAULA PENDER</u> <u>1000 GURRY TRAIL</u> <u>MIKOMIS, FL 34275 Venice Fl 34293</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <u>Esther Bird</u> <u>SYLVIA SCHMIDT</u> <u>101 MILAN AVE</u> <u>VENICE, FL 34285 34293</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIR <u>Jackie Kennedy</u> <u>SYB GIBSON</u> <u>442 S HARBOR DR</u> <u>VENICE, FL 34285</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELECT <u>Esther Bird</u> <u>ESTHER BIRD</u> <u>336 Pine Tree Rd</u> <u>VENICE, FL 34293</u>

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Esther Bird Esther Bird 8/31/07 941-412-9427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #