

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000975 (3)

1. Corporation Name

THE WOMENS LEGAL FUND OF SARASOTA COUNTY, INC.



Principal Place of Business

1800 SECOND STREET
SUITE 103
SARASOTA FL 34236

Mailing Address

P.O. BOX 49341
SARASOTA FL 34236

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

21 **340 S. Tuttle Ave**

2a. Mailing Address

26 **340 S. Tuttle Ave**

4. FEI Number

65-0415147

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

23 **Sarasota FL**

City & State

28 **Sarasota FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **34237**

Country

25 **Sarasota**

Zip

29 **34237**

Country

30 **Sarasota**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUSSELL, JEAN
1800 SECOND STREET
SUITE 103
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **Leila Gompertz**
82 Street Address (P.O. Box Number is Not Acceptable)
1975 Gulf of Mexico Drive # 307
83
84 City **Sarasota** FL 85 Zip Code **34228**

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

Leila S. Gompertz

(NOTE: Registered Agent signature required when reinstating)

3/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOMPERTZ, LEILA S.	
STREET ADDRESS	1975 GULF OF MEXICO DR 307	
CITY-ST-ZIP	LONGBOAT FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORDOVER, JUDITH M	
STREET ADDRESS	3225 WALTER TRAM DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KNUTH, ROBIN K G	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, SANDRA	
STREET ADDRESS	4748 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARFIELD, KATHERINE W.	
STREET ADDRESS	P.O. BOX 2346 N/A	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	LONGBOAT KEY FL 34228	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dr. Margaret L. Bates	
4.3 STREET ADDRESS	5700 N. Tamiami Tr	
4.4 CITY-ST-ZIP	Sarasota FL 34243	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Leila S. Gompertz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 21/96

Date

383-5358

Daytime Phone #

CR2E037 (12/95)