

FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000975**

1. Corporation Name

**THE WOMEN'S LEGAL FUND OF SARASOTA COUNTY, INC.**

Principal Place of Business

**340 S. TUTTLE AVE.  
SARASOTA, FL 34237**

Mailing Address

**340 S. TUTTLE AVE.  
SARASOTA, FL 34237**

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>2/15/1993</b>	<b>3a.</b> Date of Last Report <b>3/26/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>65-0415147</b>	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LEILA GOMPERTZ  
1975 GULF OF MEXICO DRIVE #307  
SUITE 103  
LONGBOAT KEY, FLORIDA 34228**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P GOMPERTZ, LEILA S.</b>	1.2 NAME	<b>P, D</b>
STREET ADDRESS	<b>1975 GULF OF MEXICO DR. 307</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY, FLORIDA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CORDOVER, JUDITH M.</b>	2.2 NAME	<b>600002228436</b>
STREET ADDRESS	<b>3225 WALTER TRAVIS DRIVE</b>	2.3 STREET ADDRESS	<b>-07/02/97--01001--032</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	2.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T KNUTH ROBIN K.</b>	3.2 NAME	<b>T, D</b>
STREET ADDRESS	<b>1858 RINGLING BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S BATES DR. MARGARET L.</b>	4.2 NAME	<b>S, D</b>
STREET ADDRESS	<b>5700 N. TAMiami TRAIL</b>	4.3 STREET ADDRESS	<b>700 JOHN RINGLING BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA, FL</b>	4.4 CITY-ST-ZIP	<b>SARASOTA, FLORIDA 34236</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BARFIELD, KATHERINE W.</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>P.O. Box 2346</b>	5.3 STREET ADDRESS	<b>RUSSELL, JEAN G.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	5.4 CITY-ST-ZIP	<b>1800 SECOND ST. STE 103</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VP, D.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>NUNO, JEANNE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>1111 N. GULFSTREAM AVE</b>
			<b>SARASOTA, FLORIDA 34236</b>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBIN K. KNUTH**

**June 16, 1997**

Date

**(941) 365-4617**

Daytime Phone #

CR2E037 (9/96)