


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90136 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000975					
1. Corporation Name THE WOMENS LEGAL FUND OF SARASOTA COUNTY, INC.					
Principal Place of Business 340 S TUTTLE AVE SARASOTA FL 34237 US			Mailing Address 340 S TUTTLE AVE SARASOTA FL 34237 US		



2. Principal Place of Business 21 4370 S. TAMiami TRAIL Suite, Apt. #, etc. 22		2a. Mailing Address 26 4370 S. TAMiami TRAIL Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/15/1993	
23 SARASOTA, FLORIDA City & State Zip 34231 Country		28 SARASOTA, FLORIDA City & State Zip 34231 Country		4. FEI Number 65-0415147 Applied For <input type="checkbox"/> Not Applicable	
24 34231 25		29 34231 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LEILA GOMPERTZ 1975 GULF OF MEXICO DRIVE #307 SUITE 103 SARASOTA FL 34228				10. Name and Address of New Registered Agent 81 Name SHEILA BELKAD 82 Street Address (P.O. Box Number is Not Acceptable) 1644 HAWTHORNE STREET 83 84 City SARASOTA FL 85 Zip Code 34239			
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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 Sheila Belknap Executive Director DATE 3/4/99

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 <input checked="" type="checkbox"/> DELETE NAME GOMPERTZ, LEILA S. STREET ADDRESS 1975 GULF OF MEXICO DR 307 CITY-ST-ZIP LONGBOAT KEY FL	1.1 TITLE PD 1.2 NAME SHAFFER, KATHLEEN 1.3 STREET ADDRESS 624 N. OWL DRIVE 1.4 CITY-ST-ZIP SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE NAME CORDOVER, JUDITH M STREET ADDRESS 3225 WALTER TRAVI DRIVE CITY-ST-ZIP SARASOTA FL 34236	2.1 TITLE VPD 2.2 NAME MILLER, JIAN 2.3 STREET ADDRESS 3205 SOUTH GATE CIRCLE 2.4 CITY-ST-ZIP SARASOTA, FLORIDA 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME KNUTH, ROBIN K G STREET ADDRESS 1858 RINGLING BLVD. CITY-ST-ZIP SARASOTA FL 34236	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME BATES, DR MARGARET L. STREET ADDRESS 700 JOHN RINGLING BLVD. CITY-ST-ZIP SARASOTA FL 34236	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME RUSSELL, JEAN G STREET ADDRESS 1756 KESTRAL PARK DR CITY-ST-ZIP SARASOTA FL 34231	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE NAME NUNN, JEANNE STREET ADDRESS 1111 N GULFSTREAM AVE, #17A CITY-ST-ZIP SARASOTA FL 34236	6.1 TITLE SUTTON, JEAN 6.2 NAME 3276 BRUNSWICK LANE 6.3 STREET ADDRESS SARASOTA, FLORIDA 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. I 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, with all other like empowered.

SIGNATURE: Sheila Belknap **RED** DATE 3/4/99 (941) 921-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)