

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 # **N94000000664 (2)**

1. Corporation Name

PFLAG - SARASOTA, INC.



Principal Place of Business

**4618 TRAILS DRIVE
SARASOTA FL 34232**

Mailing Address

**4618 TRAILS DRIVE
SARASOTA FL 34232**

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0470382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**KANETSKY, MURRAY
227 NOKOMIS AVENUE SOTH
VENICE FL 34285**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, LEON	
STREET ADDRESS	4618 TRAILS DR.	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JUDITH	
STREET ADDRESS	4618 TRAILS DR.	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KARSICK, JEANNETTE	
STREET ADDRESS	1000 LONGBOAT KEY CLUB RD.	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NELSON, BETSY	
STREET ADDRESS	712 TROPICAL CIRCLE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANETSKY, MURRAY	
STREET ADDRESS	227 NOKOMIS AVE. SOUTH	
CITY - ST - ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLETT, BUNNY	
STREET ADDRESS	3417 FAIRVIEW DR.	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWARD KAPLAN	
1.3 STREET ADDRESS	3609 GLEYS OAKS MANOR DRIVE	
1.4 CITY - ST - ZIP	SARASOTA, FL 34232	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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:

Leon Weinstein - PRESIDENT 2/16/96 (941) 954-7630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)