


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N94000000664 1. Entity Name PFLAG - SARASOTA, INC. |  |
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| Principal Place of Business 4618 TRAILS DRIVE SARASOTA, FL 34232 | Mailing Address 4618 TRAILS DRIVE SARASOTA, FL 34232 |
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0470382 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KANETSKY, MURRAY 227 NOKOMIS AVENUE SOTH VENICE, FL 34285 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WEINSTEIN, LEON 4618 TRAILS DR. SARASOTA, FL 34232 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD WEINSTEIN, JUDITH 4618 TRAILS DR. SARASOTA, FL 34232 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ALTMAN, ETHER 5854 FAIRWOOD CIR SARASOTA, FL 34243 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MINTZ, SUSAN 4720 -34TH AVE E BRADENTON, FL 34208 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CONATY, LUANN 1434 PIERCE DR VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HARRY, MAY 949 EAST ANTIGUA AVE VENICE, FL 34292 |

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01/09/04-80029-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon Weinstein - LEON WEINSTEIN (941) 378-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #