FILED n 10, 2005 8:00 am Secretary of State

01-10-2005 90048 002 ****61.25

ANNUAL REPORT						
DOCUMENT # N9400 1. Entity Name PFLAG - SARASOTA, INC.		S				
Principal Place of Business 4618 TRAILS DRIVE SARASOTA, FL 34232	Mailing Address 4618 TRAILS DRIVE SARASOTA, FL 34232					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042005			
City & State	City & State		4. FEI Number 65-0470			

I LAG - N	SARASOT	A, INC.										
Principal Place of Business Mailing Address 4618 TRAILS DRIVE 4618 TRAILS DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232					19146 01				ara a			
2. Principal P	lace of Busines	38	3. Mailin	g Address		·						
Suite, Apt. #, etc. Suite, A		te, Apt. #, etc.			01042005	Chg-NP	CR2E0	37 (10/03)				
City & State		City	City & State		4. FEI Numbe 65-0470	382		 	plied For of Applicable			
Zip		Country	Zip		Cou	ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name a	nd Address of Currer	t Registered	Agent			7. Name and	Address of New	Registered	Agent		
PANETER	Y, MURRAY	,			1	Name	TNE .					
	MIS AVEN		-			Street Address (P.O. Box Number is Not Acceptable)						
						City Zip Code						
									Fl			
	named entity s ions of register	submits this statement ed agent.	for the purpos	se of changing its re	egistere	ed office or reg	gistered agent, or bot	h, in the State of F	Rorida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or	printed name of registered age	nt end title II applic	stile. (NOTE:	Registered	d Agent signature re	equired when reinstafag)	***	DATE			
	5 121							200000000000000000000000000000000000000			*****	
1	Due by Ma	ls \$61.25 ry 1, 2005		9. Election Camp Trust Fund Co			\$5.00 May B Added to Fees		Make cheo Idle Depe	k payable t renent of Si		
10.			DIRECTORS				Added to Fees		ride Depe	riment of S	iate	
10.		ry 1, 2005	DIRECTORS		ontributi	on.	Added to Fees	Fic	ride Depe	riment of S	iate	
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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)(i). 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.

CITY-ST-ZIP

SIGNATURE:

VENICE, FL 34292

BIGMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR