

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90027 027 ****70.00

DOCUMENT # N94000000664

1. Entity Name
PFLAG - SARASOTA, INC.



Principal Place of Business
**4618 TRAILS DRIVE
SARASOTA, FL 34232**

Mailing Address
**4618 TRAILS DRIVE
SARASOTA, FL 34232**

30062063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0470382

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. 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	SD	<input type="checkbox"/> Delete
NAME	KAPLAN, EDDIE	
STREET ADDRESS	3609 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINTZ, SUSAN	
STREET ADDRESS	4720 -34TH AVE E	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONATY, LUANN	
STREET ADDRESS	1434 PIERCE DR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRY, MAY	
STREET ADDRESS	949 EAST ANTIGUA AVE	
CITY-ST-ZIP	VENICE, FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KAPLAN, EDDIE
STREET ADDRESS	3609 GLEN OAKS MANOR DR.
CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT MAY, HARRY
STREET ADDRESS	949 EAST ANTIGUA AVE.
CITY-ST-ZIP	VENICE, FL 34292

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 7/3/06 (94) **398-4413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #