## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

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

DOCUMEN I # N9400000664  1. Entity Name PFLAG - SARASOTA, INC.								07-10-2006	5 90027 (	027 ****7	0.00
Principal Place of Business 4618 TRAILS DRIVE 4618 TRAILS DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232							FAVASUUG				63
Principal Place of Business 3		3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite. Apt. #, etc.				07022006	Chg-NP	CR2E	(4/06)	
City & State		City & State			<del></del>		4. FEI Numbe 65-047			<del></del>	oplied For ot Applicable
Zip Country		Zip	Zip Co.		intry	S. Certificate of Status Desired     Sa.75 Additional Fee Required					ditional
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of New	Registered	Agent	
					Name						
KANETSKY, MURRAY 227 NOKOMIS AVENUE SOTH VENICE, FL 34285					Street Address (P.O. Box Number is Not Acceptable)						
<b>V</b> EITIOE,	( )	_									
	¥	* ** ***	•		City				FI	Zip Cod	e
	named entity submits this statement ons of registered agent.	for the purpo	ose of changing its	register	ed office or	registere	ed agent, or bot	th, in the State of F	Torida. I am	n familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ap-	ent and title if appl	icable, (NOTE	Registere	d Agent signatu	ire required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
Filing Fee is \$61.25 Due by September 6, 2006			Election Campaign Financing     Trust Fund Contribution.			\$5.00 May B Added to Fees			ck payable f utment of S		
10.	OFFICERS AND	DIRECTORS		11.						Access to the contract of the	
	OFFICERS AND			11.		-	ADDITIONS/CH	ANGES TO OFFIC	ERS AND D	DIRECTORS IN	N 10
TITLE	PD OFFICERS AND		Delete	mu.		-	ADDITIONS/CH	ANGES TO OFFIC	ERS AND D	DIRECTORS IN Change	N 10 Addition
NAME			☐ Delete			F	ADDITIONS/CH	ANGES TO OFFIC	ERS AND D	<del></del>	
	PD		☐ Delete	LITIT	ET ADDRESS	A	ADDITIONS/CH	ANGES TO OFFIC	ERS AND C	<del></del>	
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r nereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 7/3/06 (94) 398-4413 LEON WEINSTEIN