


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

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	

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 KAPLAN, EDIE 3609 GLEN OAKS MANOR DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTZ, SUSAN 4720 -34TH AVE E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRY, MAY 949 EAST ANTIGUA AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624254
02/14/07-80025-002 70.00

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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 2/4/07 (94) 954-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #