2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000664

1. Entity Name
PFLAG - SARASOTA, INC.

Principal Place of Business	Mailing Address
4618 TRAILS DRIVE SARASOTA, FL 34232	4618 TRAILS DRIVE SARASOTA, FL 34232

40110367

DO NOT WRITE IN THIS SPACE

07062008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0470382	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

DO NOT WRITE 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_____
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 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINSTEIN, LEON
STREET ADDRESS	4618 TRAILS DR.
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	VP PD
NAME	WEINSTEIN, JUDITH
STREET ADDRESS	4618 TRAILS DR.
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	SD
NAME	KAPLAN, EDIE
STREET ADDRESS	3609 GLEN OAKS MANOR DR
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	VD
NAME	MINTZ, SUSAN
STREET ADDRESS	4720 -34TH AVE E
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	QT
NAME	HARRY, MAY
STREET ADDRESS	949 EAST ANTIGUA AVE
CITY-ST-ZIP	VENICE, FL 34292

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Judith Weinstein*, JUDITH WEINSTEIN 7-8-08 (941)378-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #