

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 038 ****61.25

DOCUMENT # N94000002075

1. Entity Name
**SARASOTA FLORIDA ASSOCIATION FOR WOMEN
LAWYERS, INC.**



Principal Place of Business
**1990 MAIN STREET
SUITE 700
SARASOTA, FL 34236**

Mailing Address
**C/O REBECCA PROCTOR
PO BOX 3948
SARASOTA, FL 34230**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2920871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STINETT, ANNE G
1800 SECOND ST., STE 888
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Anne G. Stinnett**

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

1801 Field Rd

City

Sarasota

FL

Zip Code

34231

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

X Anne G. Stinnett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **P** ☐ Delete
NAME **PROCTOR, REBECCA J**
STREET ADDRESS **1990 MAIN STREET, SUITE 700**
CITY - ST - ZIP **SARASOTA, FL 34236**

TITLE **VP** ☐ Delete
NAME **NELMS, BRENDA**
STREET ADDRESS **355 WEST VENICE AVE.**
CITY - ST - ZIP **VENICE, FL 34285**

TITLE **TD** ☐ Delete
NAME **STINETT, ANNE**
STREET ADDRESS **1800 2ND ST. #888**
CITY - ST - ZIP **SARASOTA, FL 34236**

TITLE **S** ☐ Delete
NAME **LASCELLE, JENNIE**
STREET ADDRESS **845 TROPICAL CIRCLE**
CITY - ST - ZIP **SARASOTA, FL 34236**

TITLE **D** ☐ Delete
NAME **FACKENDER, STEPHANIE**
STREET ADDRESS **1900 RINGLING BLVD.**
CITY - ST - ZIP **SARASOTA, FL 34236**

TITLE **D** ☐ Delete
NAME **FORD, CINDY HILL**
STREET ADDRESS **2055 WOOD ST.**
CITY - ST - ZIP **SARASOTA, FL 34236**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **Anne G. Stinnett**
STREET ADDRESS **1801 Field Rd.**
CITY - ST - ZIP **Sarasota, FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Rebecca Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/07

Date

Daytime Phone #