


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 023 ****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 SARASOTA FAWL PO BOX 48344 SARASOTA, FL 34230		
2. Principal Place of Business - No P.O. Box # 355 West Venice Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address Sarasota FAWL <small>Suite, Apt. #, etc.</small> P. O. Box 48344			
City & State Venice, FL 34285		City & State Sarasota, FL 34230		4. FEI Number 59-2920871	
Zip 34285		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STINETT, ANNE G 1801 FIELD RD SARASOTA, FL 34231					
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. <div style="text-align: right; margin-right: 100px;"> <i>Reg. Agent</i> Anne G. Stinnett, Treasurer 1/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> SIGNATURE _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete <input checked="" type="checkbox"/>	NAME	PROCTOR, REBECCA J	
STREET ADDRESS	1990 MAIN STREET, SUITE 700				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	VP	Delete <input checked="" type="checkbox"/>	NAME	NELMS, BRENDA	
STREET ADDRESS	355 WEST VENICE AVE.				
CITY-ST-ZIP	VENICE, FL 34285				
TITLE	TD	Delete <input type="checkbox"/>	NAME	STINETT, ANNE G	
STREET ADDRESS	1801 FIELD RD				
CITY-ST-ZIP	SARASOTA, FL 34231				
TITLE	S	Delete <input checked="" type="checkbox"/>	NAME	LASCELLE, JENNIE	
STREET ADDRESS	845 TROPICAL CIRCLE				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	D	Delete <input checked="" type="checkbox"/>	NAME	FACKENDER, STEPHANIE	
STREET ADDRESS	1900 RINGLING BLVD.				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	D	Delete <input checked="" type="checkbox"/>	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	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Brenda Nelms	
STREET ADDRESS	355 West Venice Ave.				
CITY-ST-ZIP	Venice FL 34285				
TITLE	VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Jennie Lascelle	
STREET ADDRESS	1247 Mandalay Point Rd.				
CITY-ST-ZIP	Sarasota, FL 34242				
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Pamela Fields	
STREET ADDRESS	434 S. Washington, Suite 120				
CITY-ST-ZIP	Sarasota, FL 34236				
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: <i>Anne G. Stinnett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
1/10/08 941-929-1610 <small>Date Daytime Phone #</small>					