FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005723 (1)

1. Corporation Name
YOUNG MOTHER'S LEAGUE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
%KRIS OTTERBACH 4404 GALWAY DRIVE SARASOTA FL 34232	%KRIS OTTERBACH 4404 GALWAY DRIVE SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report: —
4. FEI Number: 65-0461633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Cathleen Acosta	26 c/o Cathleen Acosta
Suite, Apt. #, etc. 22 5208 Sunnydale Circle South	Suite, Apt. #, etc. 27 5208 Sunnydale Circle South
City & State 23 Sarasota FL	City & State 28 Sarasota FL
Zip / County 24 34233 / 25 Sarasota	Zip / County 29 34233 / 30 Sarasota

9. Name and Address of Current Registered Agent

OTTERBACH, KRIS
4404 GALWAY DRIVE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: Acosta Cathleen
82 Street Address (P.O. Box Number is Not Acceptable): 5209 Sunnydale Circle South
83
84 City: Sarasota FL 85 Zip Code: 34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cathleen Acosta Cathleen Acosta 4-6-95
(Signature, typed or printed name of registered agent and title if applicable) (If NEW Registered Agent, signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President (P/D) NAME: Kris Otterbach STREET ADDRESS: 4404 Galway Drive CITY-ST-ZIP: Sarasota, FL 34232	11 TITLE: President (P/D) ☐ Change ☐ Addition 12 NAME: Margaret Northfield 13 STREET ADDRESS: 2729 Goodwood Ct. 14 CITY-ST-ZIP: Sarasota, FL 34235
TITLE: 1st Vice President (VP/D) NAME: Margaret Northfield STREET ADDRESS: 2729 Goodwood Ct. CITY-ST-ZIP: Sarasota, FL 34235	21 TITLE: 1st Vice President (VP/D) ☐ Change ☐ Addition 22 NAME: Brenda Dower 23 STREET ADDRESS: 4040 Crockers Lake Blvd #1716 24 CITY-ST-ZIP: Sarasota, FL 34238
TITLE: 2nd Vice President (VP) NAME: Cheri Woodard STREET ADDRESS: 409 Waterside Lane CITY-ST-ZIP: Nokomis, FL 34275	31 TITLE: Secretary (S/D) ☑ Change ☐ Addition 32 NAME: Lisa Beahn 33 STREET ADDRESS: 1256 Sleepy Hollow Rd 34 CITY-ST-ZIP: Venice, FL 34292
TITLE: Secretary (S/D) NAME: Anna Morrow STREET ADDRESS: 510 65th Ave E. CITY-ST-ZIP: Bradenton, FL 34203	41 TITLE: 2nd Vice President (VP) ☑ Change ☐ Addition 42 NAME: Kelly Lewin 43 STREET ADDRESS: 2130 Euclid Terr. 44 CITY-ST-ZIP: Sarasota, FL 34239
TITLE: Treasurer (T) NAME: Cathleen Acosta STREET ADDRESS: 5209 Sunnydale Circle South CITY-ST-ZIP: Sarasota, FL 34233	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Northfield 4-6-95 (813) 377-9511
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)
MARGARET NORTHFIELD

0083404