FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N9400005723 (1)

YOUN(n Name G MOTHER'S LEAGUE OF	SARASOTA, INC.	•		181/H 1814
Principal Place	e of Business	Mailing Address		T HODFINDE DEU IDDIA BIDIA ERHAI OCHIF DONFA	88:11 86:81 Billif (656)8 1(000 1) 1001
C/O CATHLEEN ACOSTA 5208 SUNNYDALE CIRCLE SOUTH SARASOTA FL 34233		C/O <u>CAHTLEEN</u> ACOSTA 5208 SUNNYDALE CIRCLE SOUTH SARASOTA FL 34233			
US		US		3. Date incorporated or Qualified 11/17/1994	3a. Date of Last Report 05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address	Λ /	4. FEI Number	Applied For
Suite, Apt.	# etc	26 <i>C/o CA+hle</i> Suite, Apt. #. etc.	en Acosta	65-0461633	Not Applicable
22	#, 0to.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	-r	Trust Fund Contribution	Added to Fees
Zıp 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intang	gible tax under s. 199.032, es ☑ No
	9. Name and Address of Currer		1301	10. Name and Address of New Regist	
			81 Name	1 1	
ACOSTA, CATILLETT				Idress (P.O. Box Number is Not Acceptable)	
5208 SUNNYDALE CIRCLE SOUTH					
SAHASU	OTA FL 34233		83		
			B4 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617,1508. Florida Statuti	es, the above-named corn	oration submits this statement for the purpose	of changing its registered office
or register familiar wi	red agent, or both, in the State of Flori	da. Such change was authoriz	ed by the corporation's bo	oration submits this statement for the purpose pard of directors. I hereby accept the appointm	ent as registered agent. I am
SIGNATURE	Cataleen 1/1	CAL	Ween Acosto	. 4	10-91
	Signature, typed or printed name of registered agent	and title if applicable (NC	TÉ: Flegistered Agent signature requi	ired when reinstating) 0	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME	OTTERBACH, KRIS	DELETE	1.1 TITLE	PD	Change Addition
STREET ADDRESS	4404 GALWAY DRIVE		1.2 NAME	spenda Dower Rd.	
CITY-ST-ZIP	SARASOTA FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Vokomis FL 34275	
TITLE	VD	™ DELETE		D .	Change Addition
NAME	NORTHFIELD, MARGARET	_			
STREET ADDRESS	2729 GOODWOOD CT.		2 3 STREET ADDRESS	Macy Mazziotti	
CITY-ST-ZIP	SARASOTA FL			Samsota FL 3423	8
TITLE	VD	□ D ELETE	3 1 TITLE	1D	archange Addition
NAME	WOODARD, CHERI		3 2 NAME	naggie Sullivan	
STREET ADDRESS	409 Waterside Lane Nokomis Fl		3.3 STREET ADDRESS	1スペス ひでいい Pi	_
CITY-ST-ZIP TITLE	SD	MDELETE.	3.4. CITY-ST-2IP 4.1 TITLE	Samisofa, FL 3 424	
NAME	MORROW, ANNA	Emocrete	4. 2 NAME	3D Sec Bann	Change Addition
STREET ADDRESS	510 85TH AVE. E		4.3 STREET ADDRESS	isa Bean 150 Devon Rd.	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	lenice FL 3V293	
TITLE	1	DELETE	5 1 TITLE	CHICE I COVA 13	Change Addition
NAME	ACOSTA, CATHLEEN		52 NAME		
STREET ADDRESS	5208 SUNNYSALE CIRCLE S	DUTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		54 CITY - ST - ZIP		- <u></u>
TITLE	VD DOWER, BRENDA	DELETE	61 TITLE		Change Addition
NAME STREET ADDRESS	4040 CROCKERS LAKE BLVD	#1716	62 NAME		
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL	r. # 17 1U	6 3 STREET ADDRESS		
14. Ldo hereb	ov certify that the information supplied	with this filing is voluntarily furn	6.4 City-St-ZiP ished and does not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes I further
oath: that	t toe information indicated on this anni	ual report or supplemental anni station or the receiver or trueto	ual report is true and accur	rate and that my signature shall have the same his report as required by Chapter 617, Florida	local offect on if made under

SIGNATURE:

4-1-96 941 486 8185