

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 29 1997 8:00am
Secretary of State

DOCUMENT # N94000005723 (1)

1. Corporation Name

YOUNG MOTHER'S LEAGUE OF SARASOTA, INC.



Principal Place of Business Mailing Address
C/O CATHLEEN ACOSTA C/O CATHLEEN ACOSTA
5208 SUNNYDALE CIRCLE SOUTH 5208 SUNNYDALE CIRCLE SOUTH
SARASOTA FL 34233 SARASOTA FL 34233
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7061 S. Tamiami Tr Suite, Apt. #, etc. 22 111 City & State 23 Sarasota Zip 24 34231	2a. Mailing Address 26 7061 S. Tamiami Tr Suite, Apt. #, etc. 27 City & State 28 Sarasota Zip 29 34231	3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report 04/24/1996	4. FEI Number 65-0461633	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, CATHLEEN
5208 SUNNYDALE CIRCLE SOUTH
SARASOTA FL 34233

81 Name DEBRA A. GARDZ
82 Street Address (P.O. Box Number is Not Acceptable)
7061 S. Tamiami Tr
83
84 City Sarasota FL 85 Zip Code 34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Debra A. Gardz (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENDA DOWER 1512 BAYSHORE RD NOKOMIS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President - Director Krista McCampbell 4712 Springmeadow Lane Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRACY MAZZIOTTI 5124 FAR OAK CIRCLE SARASOTA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE Pres. - Director Ann Reece 4717 Longlake Dr Sarasota FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGGIE SULLIVAN 7343 URANUS DR SARASOTA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRES Ronald Wiedman 6560 Waterford Circle Sarasota FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISA BEAN 1150 DEVON RD VENICE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY LAURA GALE 2403 Icecapade Pr Sarasota FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACOSTA, CATHLEEN 5208 SUNNYDALE CIRCLE SOUTH SARASOTA FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer - Director Debra A. Gardz 7061 S. TAMIAAMI TR. SARASOTA FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	8000002281898 -09/02/97--01020--010 ***\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 SIGNATURE REQUIRED 7-2-97 944 976 2109

CR2E037 (4/97)