## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **N9400005723**

1. Corporation Name

YOUNG MOTHER'S LEAGUE OF SARASOTA, INC.

Principal Place of Business

Mailing Address

Apr 22, 1999 8:00 am § Secretary of State 04-22-1999 90210 024 \*\*\*\*61.25

7061 SOUTH TAMIAMI TR. 7061 SOUTH TAMIAMI TF # 111 # 111 SARASOTA FL 34231 SARASOTA FL 34231 US US								
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of			ame			3. Date Incorporated or Qualifed 11/17/1994		
21 Suito Ant	1 Suite, Apt. #, etc. Suite, Apt. #,					4. FEI Number	Applied For	
22 27						65-0461633	j	ot Applicable
City & Star	City & State	State			5. Certifcate of Status Desired	ired 58.75 Additional Fee Required		
Zip	Country Zip 25 29			Country 30		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
			8	1 Name	•			
GARDI, DEBRA A 7061 SOUTH TAMIAMI TR.				2 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34231			8	3			· i.	
			- 1	4 City		FI	_   `   `	Code
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  Signature head or official treed agent and title if spoil(statute).  NOTE: Registered Agent signature moured when reinstating).  DATE								
SIGNATORE	Signature, typed or printed name of registered agent			ent signature	required v	when reinstating) DATE		
12.	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition (
NAME	FROST, BRENDA		1.2 NAM					
STREET ADDRESS				ET ADDRESS	3			
CITY-ST-ZIP	SARASOTA FL 34239	☐ DELETE	1.4 CITY				Change	Addition
TITLE	VP D	™ DETE 15	2.1 TITLE				□ cuango	
NAME	RICHARDSON, MAGGIE		2.2 NAM					ŀ
STREET ADDRESS				ET ADDRESS	5			
CITY-ST-ZIP	SARASOTA FL 34232	DELETE	2. 4 CITY 3.1 TITLE	-ST-ZIP	+-	·	☐ Change	Addition
) IIILE	VP LAUDIE	Ü DECE IE	3.1 IIIL			•		
NAME	PATRUSKY, LAURIE		4	E EET ADORESS			٠	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-ST-ZIP	<u>'</u>			
CITY-ST-ZIP	SARASOTA FL 34238		4.1 TITL		+-		☐ Change	☐ Addition
NAME	HALL, JANE	<del>_</del>	4. 2 NAM				_	
STREET ADDRESS	1			ET ADDRESS	,			
CiTY-ST-ZIP	BRADENTON FL 34203		4.4 CITY					
TITLE	TD	☐ DELETE	5.1 TITU				☐ Change	Addition
NAME	GARDI, DEBRA A	,	5.2 NAM					
STREET ADDRESS	7061 SOUTH TAMIAMI TR.			EET ADDRESS	3			
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CITY			<del></del>	<b>—</b> •-	
TITLE	]	☐ DÉLETE	6.1 TITU				Change	Addition
NAME	<u>{</u>		6.2 NAM					
STREET ADDRESS	s]		1	ET ADDRES	S			
CITY-ST-ZIP	1		6.4 CITY	-ST-ZIP		<u> </u>		

14. I 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, with all other like empowered.

**SIGNATURE:** 

941-925-20 49