## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

N96000003253 (9)

## NEIGHBORHOOD WOMEN OF SARASOTA, INC.

Principal Place of Business	Malling Address
3339 KING BLVD. SARABOTA FL 34234	C/O GLADYS STEPHENS 3339 KING BLVD. SARASOTA FL 34234-6327

## **FILED** Jul 30 1997 8:00am Secretary of State



Principal Place C	or pusiness		Mailing N	uuless											
3339 KING BLVD. SARABOTA FL 34234			C/O GLADYS STEPHENS 3339 KING BLVD. SARASOTA FI. 34234-6327												
	•		WHITE IS STEET SWAL					3	Date Incor 06/1	porated or Qu 1 <b>7/1996</b>	ıalified	3a. Dat	e of Last	Report	
2. Principal Plac	e of Business		2a. Mailir	g Address	<del></del>				. FEI Numbe	er ,		7/50/9	·	Applied For	
21		ļ.	:6					16	55-07	168301	1	100/19	7	Not Applicable	
Sulte, Apt. #,	etc.		Suite, Apt. #, etc.								irod		\$8.75	Additional	
22		27						. Certificate	of Status Des	irea		Fee	Required		
City & State		City & State					[ 6	6. Election C	ampaign Fina	ncing	_	\$5.0	O May Be		
23			28						Trust Fund	Contribution			Adde	d to Fees	
Z IP	Country	′ <u> </u>	Zip		Cour	ntry				oration has liab				s. 199.032,	
24	25		9		30				Florida Sta			Yes _			
<del></del>	9, Name and Addres	s of Current Re	gistered .	Agent					). Name and	d Address of	New Re	gisterea A	gent		
						B1	Name	,							
	S, GLADYS				Ī	82	Street	Address (P.O. Box Number is Not Acceptable)							
3339 KINK						-									
SARASOT	'A FL 34234					83									
					-	84	City				•		<b>85</b> Zi	p Code	
•						1						FL			
11. Pursuant to	the provisions of Secti istered agent, or both	ions 617.0502 an	d 617.150 Iorida, Sur	8, Florida Statu sh change was	ites, the ab euthorized	ove by	-named the corr	d corporat	ion submits t board of dir	his statement ectors. I heret	for the p	ourpose of o	changing intment a	its registered as registered	
agent. I am	familiar with, and acce	ept the obligation	s of, Secti	on 617.0503, F	lorida Stati	utes						,		Ū	
SIGNATURE I	resident	Gladus	Ste	ohens_	TE: Registered							DATE			
	nature, typed or printed name	of registered agent and FFICERS AND DI		***	13.	Age	nt signature	re required wr		CHANGES T	O OFFI		DIRECTO	OBS IN 12	
12.		FICENS AND DI	nEC TORS	DELETE	1.1 TIT	1 F			7.001110110	~ · · · /	0 0 1 1 10		Change		
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l ' ' ' ' '							ADDRESS	72	26	King	B.Lu	1.			
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NAME					1		ADDRESS	'	NANG	_	wb				
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CITY-SY-ZIP					6.4 CI	TY-S	T-ZIP	1	tor act	enton	Į-	34	120	ზ	

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.