

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006073

1. Entity Name
OPPORTUNITY CLOSET, INC.



Principal Place of Business
**3621 WHITE SULPHUR PLACE
SARASOTA, FL 34232**

Mailing Address
**3621 WHITE SULPHUR PLACE
SARASOTA, FL 34232**



02162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0786072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARLE, BARBARA J
3621 WHITE SULPHUR PLACE
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000072509
03/01/04-80114-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARLE, BARBARA J 3621 WHITE SULPHUR PL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COOPER, BARBARA 1168 KINGSTON WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MINEER, LINDA 4027 SOUTHWELL WAY SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HARLE, BARBARA J 3621 WHITE SULPHUR PLACE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J Harle* **BARBARA J. HARLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04 **941-923-9755**

Date

Daytime Phone #