

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003105

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** THE FLORIDA SUNCOAST WOMEN'S FORUM, INC.

**Current Principal Place of Business:**

2904 MAGDALENE WOODS DR.  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

2904 MAGDALENE WOODS DR.  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 65-0846853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, CAROL B  
136 GOLDEN GATE POINT, #302  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GREEN, CAROL  
Address: 136 GOLDEN GATE POINT, #302  
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete  
Name: BUCHANAN, CAROL  
Address: 5346 EVERWOOD RUN  
City-St-Zip: SARASOTA, FL 34235

Title: V ( ) Delete  
Name: HANSON, TERI  
Address: 601 TAMiami TRAIL  
City-St-Zip: VENICE, FL 34285

Title: S ( ) Delete  
Name: ZARRO, JAN  
Address: 340 S. TUTTLE ST.  
City-St-Zip: SARASOTA, FL 34237

Title: T ( ) Delete  
Name: FORRISTALL, MARY  
Address: 3404 17TH ST.  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HANSEN, TERI  
Address: 601 TAMiami TRAIL  
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BUCHANAN

MS

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date