#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748595** 

Entity Name: SAFE PLACE AND RAPE CRISIS CENTER, INC.

FILED Feb 04, 2016 Secretary of State CC6798443979

## **Current Principal Place of Business:**

2139 MAIN STREET SARASOTA, FL 34237

# **Current Mailing Address:**

2139 MAIN STREET SARASOTA, FL 34237

FEI Number: 59-1943399 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

HAYS, JESSICA L 2139 MAIN STREET SARASOTA, FL 34237 US

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: JESSICA HAYS 02/04/2016

Electronic Signature of Registered Agent

Date

02/04/2016

Date

#### Officer/Director Detail:

Title CEO	Title	CHAIRPERSON OF THE BOARD
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NameHAYS, JESSICA LNameGOLDMAN, LUISAAddress2139 MAIN STREETAddress2139 MAIN STREETCity-State-Zip:SARASOTA FL 34237City-State-Zip:SARASOTA FL 34237

Title **SECRETARY** Title **TREASURER** Name LORI, RODGERS WALKER, KATHLEEN Name Address 2139 MAIN STREET Address 2139 MAIN STREET SARASOTA FL 34237 City-State-Zip: SARASOTA FL 34237 City-State-Zip:

Title1ST VICE PRESIDENTTitle2ND VICE PRESIDENTNameERHART, SUSANNameEURE, ROSEMARYAddress2139 MAIN STREETAddress2139 MAIN STREETCity-State-Zip:SARASOTA FL 34237City-State-Zip:SARASOTA FL 34237

I hereby 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 all other like empowered.

SIGNATURE: JESSICA HAYS CEO

Electronic Signature of Signing Officer/Director Detail