

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **740714** (1)
1. Corporation Name
THE CENTRE FOR WOMEN, INC.



Principal Place of Business: **305 HYDE PARK AVENUE TAMPA FL 33606**
Mailing Address: **305 HYDE PARK AVENUE TAMPA FL 33606**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1977	3a. Date of Last Report 03/02/1995
21. Subj. Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1787902		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	29. Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FICQUETTE, BETH 2401 BAYSHORE BLVD SUITE 704 TAMPA FL 33629		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0602 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: **1/17/96**
(Signature of Registered Agent required when a new filing) (Date of Registered Agent's signature required when a new filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZLEIN	12. NAME	Schnitzlein, Paul
STREET ADDRESS	614 SUPERIOR AVENUE	13. STREET ADDRESS	614 Superior Avenue
CITY-STATE-ZIP	TAMPA FL	14. CITY-STATE-ZIP	Tampa FL
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, CAROLINE	22. NAME	Black, Caroline
STREET ADDRESS	307 S MAGNOLIA	23. STREET ADDRESS	307 S Magnolia
CITY-STATE-ZIP	TAMPA FL	24. CITY-STATE-ZIP	Tampa FL
TITLE	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRETTACK, DEE	32. NAME	Ross, Shirley
STREET ADDRESS	2413 BAYSHORE BLVD. #1902	33. STREET ADDRESS	PO Box 111
CITY-STATE-ZIP	TAMPA FL	34. CITY-STATE-ZIP	Tampa FL 33601
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/> ADD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, HOSETTA	42. NAME	
STREET ADDRESS	5519 W IDLEWILD AVENUE	43. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA, FL 00000	44. CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGGETT, JANE	52. NAME	Simon, Joan
STREET ADDRESS	2419 BAYSHORE BLVD	53. STREET ADDRESS	6316 Jacquelin Arbor Dr
CITY-STATE-ZIP	TAMPA FL	54. CITY-STATE-ZIP	Temple Terrace FL 33617
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/> ADD	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, RHONDA	62. NAME	
STREET ADDRESS	12512 BRUCE B DOWNS	63. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 as an attachment with an address.

SIGNATURE: *Beth Ficquette* **Beth Ficquette** 1/17/96 (813) 251-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E037 (12/95)