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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33806-2233
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3. Date Incorporated or Qualified 11/07/1977	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-1787902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FICQUETTE, BETH
2401 BAYSHORE BLVD
SUITE 704
TAMPA FL 33629**

10. Name and Address of New Registered Agent
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 617.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHNITZLEIN, PAUL
STREET ADDRESS	614 SUPERIOR AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BLACK, CAROLINE
STREET ADDRESS	307 S MAGNOLIA
CITY-ST-ZIP	TAMPA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROSS, SHIRLEY
STREET ADDRESS	P.O. BOX 111 N/A
CITY-ST-ZIP	TAMPA FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COLEMAN, HOSETTA
STREET ADDRESS	5519 W IDLEWILD AVENUE
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	SIMON, JOAN
STREET ADDRESS	6316 JACQUELIN ARBOR DR.
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RHODES, RHONDA
STREET ADDRESS	12512 BRUCE B DOWNS
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doug Maclay
1.3 STREET ADDRESS	PO Box 2562 NA
1.4 CITY-ST-ZIP	Tampa FL 33601
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Beth Ficquette* **BETH FICQUETTE** 1/22/97 813-251-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047314

CR2E037 (9/96)