

2/18/98 B 2284 C
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 Feb 18 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 11/07/1977
 4. FEI Number: 59-1787902
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
 25 Country
 26 Mailing Address
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip Country
 30 Zip Country

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: Beth Ficquette
 82 Street Address (P.O. Box Number is Not Acceptable): 305 S. Hyde Park Ave
 83
 84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MACLAY, DOUG	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: P O BOX 2562 N/A	1.2 NAME: Ross, Shirley	
	CITY-ST-ZIP: TAMPA FL	1.3 STREET ADDRESS: PO Box 111	
		1.4 CITY-ST-ZIP: Tampa FL 33601	
TITLE: P	NAME: BLACK, CAROLINE	2.1 TITLE: Vice President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STREET ADDRESS: 307 S MAGNOLIA	2.2 NAME: Ken Baker	
	CITY-ST-ZIP: TAMPA FL	2.3 STREET ADDRESS: 100 E. Madison St, Suite 300	
		2.4 CITY-ST-ZIP: Tampa FL 33602	
TITLE: T	NAME: ROSS, SHIRLEY	3.1 TITLE: Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STREET ADDRESS: P O BOX 111 N/A	3.2 NAME: Bonnie Wise	
	CITY-ST-ZIP: TAMPA FL	3.3 STREET ADDRESS: 100 Second Ave, Suite 800	
		3.4 CITY-ST-ZIP: St Petersburg, FL 33701	
TITLE: VP	NAME: COLEMAN, HOSETTA	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: 5519 W IDLEWILD AVENUE	4.2 NAME:	
	CITY-ST-ZIP: TAMPA, FL 00000	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: Secretary (D)	NAME: SIMON, JOAN	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: 6316 JACQUELIN ARBOR DR.	5.2 NAME:	
	CITY-ST-ZIP: TEMPLE TERRACE FL	5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	NAME: RHODES, RHONDA	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: 12512 BRUCE B DOWNS	6.2 NAME:	
	CITY-ST-ZIP: TAMPA FL	6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. 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 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 1/7/98 813-251-8437
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048227

CR2E037 (1/98)