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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740714

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/07/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1787902
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

FICQUETTE, BETH
 305 S HYDE PARK AVE
 TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAKER, KEN	
STREET ADDRESS	100 E MADISON ST, STE 300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, CAROLINE	
STREET ADDRESS	307 S MAGNOLIA	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, SHIRLEY	
STREET ADDRESS	P O BOX 111 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WISE, BONNIE	
STREET ADDRESS	100 SECOND AVE, STE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMON, JOAN	
STREET ADDRESS	6316 JACQUELIN ARBOR DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Kristopher Fernandez C. Jo Ford	
1.3 STREET ADDRESS	2830 Fountain Blvd	
1.4 CITY-ST-ZIP	Tampa FL 33629	
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 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, with all other like empowered.

SIGNATURE: Katherine Harris 1/19/99 813-251-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)