

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29435 (7)**  
1. Corporation Name  
**A WOMAN'S PLACE MINISTRIES, INC.**



Principal Place of Business <b>4311 W WATERS SUITE 302 TAMPA FL 33614</b>	Mailing Address <b>4311 W WATERS SUITE 302 TAMPA FL 33614</b>
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3. Date Incorporated or Qualified  
**11/28/1988**

4. FEI Number  
**25-4921272**

Applied For  Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

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

9. Name and Address of Current Registered Agent  
**LAYTON, PATRICIA  
4311 W WATERS  
SUITE 302  
TAMPA FL 33614**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKERSON, ROGER	1.2 NAME	Marilyn Henders
STREET ADDRESS	18110 SWAN LAKE DR	1.3 STREET ADDRESS	15142 Nighthawk Dr
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULLE, JAMES	2.2 NAME	
STREET ADDRESS	15017 LAUREL COVE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULLE, SHERRY	3.2 NAME	
STREET ADDRESS	15017 LAUREL COVE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYTON, PATRICIA	4.2 NAME	
STREET ADDRESS	14520 THORNFIELD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 19.07(3)(f), 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: \_\_\_\_\_ **SIGNATURE REQUIRED** 6-15-98 813-884-3767

CR2E037 (10/97)