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Secretary of State

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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 # N29435

1. Corporation Name
A WOMAN'S PLACE MINISTRIES, INC.

Principal Place of Business 4311 W WATERS SUITE 302 TAMPA FL 33614	Mailing Address 4311 W WATERS SUITE 302 TAMPA FL 33614
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2. Principal Place of Business 21 4311 W. Waters	2a. Mailing Address 26 4311 W. Waters	3. Date Incorporated or Qualified 11/28/1988
Suite, Apt. #, etc. 22 202	Suite, Apt. #, etc. 27 202	4. FEI Number 25-4921272
City & State 23 Tampa FL	City & State 28 Tampa FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33614	Country 25	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

LAYTON, PATRICIA
 4311 W WATERS
 SUITE 302
 TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 202	
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	CD	<input type="checkbox"/> DELETE
NAME	MARSILYNLTHINDERS	
STREET ADDRESS	15142 NIGHTHAWK DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DULLE, JAMES	
STREET ADDRESS	15017 LAUREL COVE CT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DULLE, SHERRY	
STREET ADDRESS	15017 LAUREL COVE CT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAYTON, PATRICIA	
STREET ADDRESS	14520 THORNFIELD CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: SIGNATURE REQUIRED Patricia K. Layton 4/14/99 813-884-3767
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)