


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N29435
1. Entity Name
A WOMAN'S PLACE MINISTRIES, INC.



Principal Place of Business 2901 BUSCH LAKE BLVD TAMPA, FL 33614	Mailing Address 2901 BUSCH LAKE BLVD TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2957640	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAYTON, PATRICIA
2901 BUSCH LAKE BLVD
TAMPA, FL 33614

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000095990
03/25/04-80010-025 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BATEMAN, LESLIE 2410 W SUNSET DRIVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THORINGTON, JOHN 10117 BENNINGTON DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINDERS, MARILYN 15142 NIGHTHAWK DRIVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYTON, PATRICIA K 14520 THORNFIELD COURT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLANI, PETE 19338 GARDEN QUILT CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/23/04** **813 931-1804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #