

90004-005-\$61.25-\$61.25

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Secretary of State

03-10-1999 90004 005 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006025

1. Corporation Name
FEMALE VOICES EARLY INTERVENTIONS AND ENCHANCEMENT PROGRAMS, INC.

Principal Place of Business
**615 TUSKEGEE ST.
TALLAHASSEE FL 32314**

Mailing Address
**615 TUSKEGEE ST.
TALLAHASSEE FL 32314**



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/22/1998
City & State	City & State	4. FEI Number
Zip	Zip	59-3538378
Country	Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent
**MCKINNIE, LORRAINE
8480 SOUTHERN PARK DR.
TALLAHASSEE FL 32310**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input type="checkbox"/> DELETE	1.1 TITLE	Director / EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNIE, LORRAINE	1.2 NAME	Lorraine McKinnie
STREET ADDRESS	8480 SOUTHERN PARK DR.	1.3 STREET ADDRESS	8480 Southern Park Dr
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	JANET Ashwood, Director / Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	5515 TWIN Pine Lane
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	KAREN Vaughn, Director / Asst. Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	8484 Southern Park Dr.
STREET ADDRESS		3.3 STREET ADDRESS	Tallahassee, FL 32310
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Derry Williams, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	997 Oakridge Rd
STREET ADDRESS		4.3 STREET ADDRESS	THU, FL 32310
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 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 2/2/99 410-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)