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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **728233**

1. Corporation Name
FEMINIST WOMEN'S HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
241 E SIXTH AVE TALLAHASSEE FL 32303	241 E SIXTH AVE TALLAHASSEE FL 32303

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/14/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1510378 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CONTE, JO
241 E SIXTH AVE
TALLAHASSEE FL 32303

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DENENBERG, RISA		1.2 NAME		
STREET ADDRESS	241 EAST SIXTH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONTE, JO		2.2 NAME		
STREET ADDRESS	241 EAST SIXTH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32303		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOYNER, BRENDA		3.2 NAME		
STREET ADDRESS	241 EAST SIXTH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32303		3.4. CITY-ST-ZIP		
TITLE	STD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, DELPHINE		4. 2 NAME		
STREET ADDRESS	241 E SIXTH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL 32303		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	AMNAMKWAA, LINDA		5.2 NAME	Amankwaa	
STREET ADDRESS	241 E 6TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL 32303		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☑ Addition
NAME			6.2 NAME	Dahlgren, Jane	
STREET ADDRESS			6.3 STREET ADDRESS	241 E. Sixth Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tallahassee FL 32303	

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 4/19/99 850-488-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)