

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 31 PM 2:42

DOCUMENT # 534656 (4)

1. Corporation Name
NATIONAL WOMEN'S HEALTH ORGANIZATION, INC.

Principal Place of Business 3990 SHERIDAN STREET SUITE 212 HOLLYWOOD FL 33021	Mailing Address 3990 SHERIDAN STREET SUITE 212 HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4401 Sheridan St. Suite, Apt. #, etc. #105 City & State Hollywood, FL Zip 33021	2a. Mailing Address 26 4401 Sheridan St. Suite, Apt. #, etc. #105 City & State Hollywood, FL Zip 33021	25 USA	29 33021	30 USA	3. Date Incorporated or Qualified 04/13/1977	3a. Date of Last Report 01/19/1994	4. FEI Number 59-1740957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

9. Name and Address of Current Registered Agent BARR, DEE ANN 3990 SHERIDAN STREET HOLLYWOOD FL 33021				10. Name and Address of Now Registered Agent			
				81 Name Mark London			
				82 Street Address (P.O. Box Number is Not Acceptable) 4030-C Sheridan St.			
				83			
				84 City Hollywood,	85 FL	86 Zip Code 33021	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mark S. London 1-19-95 DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	YACHNOWITZ, STUART 3990 SHERIDAN STREET HOLLYWOOD FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
NAME	YACHNOWITZ, STUART	1.2 NAME	Yachnowitz, Stuart
STREET ADDRESS	3990 SHERIDAN STREET	1.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE PD	HILL, SUSAN 3813 HAWORTH DRIVE RALEIGH NC	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME	HILL, SUSAN	2.2 NAME	Hill, Susan
STREET ADDRESS	3813 HAWORTH DRIVE	2.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE VD	BARR, DEE ANN 3990 SHERIDAN STREET HOLLYWOOD FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME	BARR, DEE ANN	3.2 NAME	Barr, Dee Ann
STREET ADDRESS	3990 SHERIDAN STREET	3.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart Yachnowitz 1-19-95 (805) 987-6604 DATE: _____