

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 706509 (7)
1. Corporation Name
WOMEN'S RESIDENTIAL AND COUNSELING CENTER, INC.

Principal Place of Business
107 HILLCREST AVE
ORLANDO FL 32801

Mailing Address
107 HILLCREST AVE
ORLANDO FL 32801

3. Date Incorporated or Qualified 12/05/1963
3a. Date of Last Report 04/17/1995
4. FEI Number 59-0760229
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

WALTER, NORMA
107 E. HILLCREST STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Carol Hoepner
82 Street Address (P.O. Box Number is Not Acceptable) 4319 Mandy Court
83 Winter Park
84 City
85 Zip Code FL 32792

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 *Carol Hoepner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/6/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	FORD ETHA	1247 LIVINGSTON STREET	ORLANDO FL	<input checked="" type="checkbox"/>
SD	CRAMMER, PHYLIS	2109 TUSCARORA TRAIL	MAITLAND FL	<input checked="" type="checkbox"/>
PD	MONROE BEULAH	516 VERN DR.	ORLANDO FL 32805	<input checked="" type="checkbox"/>
TD	SMARDON, JOAN	200 ST. ANDREWS BLVD.	WINTER PARK FL	<input checked="" type="checkbox"/>
VP	ROSS, BOBBIE	831 BALTIMORE DRIVE	ORLANDO FL	<input checked="" type="checkbox"/>
AT	LEQUEAR, COOKIE	1100 BAHAMA DRIVE	ORLANDO FL 32806	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Carol Hoepner	4319 Mandy Court	Winter Park, Florida 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
Vice President	Diane Kirk	1615 Pine Bluff Avenue	Orlando, Florida 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
Treasurer	Joan Smardon	200 St. Andrews Blvd.	Winter Park, Florida 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
Secretary	Betty Krause	535 N. Interlachen #302	Winter Park, Florida 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Hoepner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 407-657-9577
Date Daytime Phone #

CR2E037 (3/96)