

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90025 007 ****61.25

DOCUMENT # 723361

1. Entity Name

THE WOMEN'S CENTER OF TAMPA, INC.



Principal Place of Business

THE WOMENS CENTER
5232 KRYCUL AVE
RIVERVIEW FL 33569
US

Maora Jane King Aka (Skippy King)
Patricia M. Pohle
10510 Phlox Glade Ln S
Thonotosassa FL 33592-3126

2. Principal Place of Business

Suite, Apt. #, etc.

10510 PHLOX GLADE LANES

3. Mailing Address

10510 PHLOX GLADE LANES

Suite, Apt. #, etc.

City & State

THONOTOSASSA FL

City & State

THONOTOSASSA

Zip

33592-3126

Country

HILLSBOURGH

Zip

33592-3126 HILLSBOURGH

Country

HILLSBOURGH



MOORE

CR2E037 (11/03)

4. FEI Number

59-1630778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Maora Jane King Aka (Skippy King)
Patricia M. Pohle
10510 Phlox Glade Ln S
Thonotosassa FL 33592-3126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Maora J King "Skippy"

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DS
NAME KING, SKIPPY ☐ Delete
STREET ADDRESS 6232 KRYCUL AVENUE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE PD
NAME POHLE, PATRICIA ☐ Delete
STREET ADDRESS 6232 KRYCUL AVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE VD
NAME PALMER, DONNA ☐ Delete
STREET ADDRESS 2931 56TH STREET SOUTH
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Skippy King MAORA "SKIPPY" King 2/16/04 8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #