FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737705 (4)

1. Corporation Name

RESOURCE CENTER FOR WOMEN, INC.

Principal Place of Business	Mailing Address
12945 SEMINOLE BLVD. SUITE 6, BUILDING 2 LARGO FL 34648	12945 SEMINOLE BLVD. SUITE 6, BUILDING 2 LARGO FL 34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1976
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1759546 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 1301 Seminole Blvd.	26 1301 Seminole Blvd.
22 Suite, Apt. #, etc. Bldg. F, Suite 150	27 Suite, Apt. #, etc. Bldg. F, Suite 150
23 City & State Largo, FL	28 City & State Largo, FL
24 Zip 34640 25 Country USA	29 Zip 34640 30 Country USA

9. Name and Address of Current Registered Agent

MASON, ANNE S.
%SALEM, SAXON & NIELSEN, ONE BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) %MASON & ASSOCIATES
83 18167 U.S. 19 North, #150
84 City Clearwater, 85 FL Zip Code 34624-6588

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 _____ 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	SD	11 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, JOHN A JR	12 NAME		
STREET ADDRESS	7826 9TH AVE. S.	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	14 CITY-ST-ZIP		
TITLE	VDT	21 TITLE	PD	☒ Change ☐ Addition
NAME	MILLER, DANIEL F.	22 NAME		
STREET ADDRESS	122 CRESTWOOD LANE	23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	VD	☐ Change ☒ Addition
NAME	MASON, ANNE S	32 NAME	James L. Ortner	
STREET ADDRESS	SALEM, SAXON & NIELSEN, P.O. BOX 3399 N/A	33 STREET ADDRESS	8 Belleview Blvd. #708	
CITY-ST-ZIP	TAMPA FL 33601	34 CITY-ST-ZIP	Belleair, FL 34616-1969	
TITLE		41 TITLE	TD	☐ Change ☒ Addition
NAME		42 NAME	Cynthia Kimsey	
STREET ADDRESS		43 STREET ADDRESS	Lewis, Birch & Ricardo	
CITY-ST-ZIP		44 CITY-ST-ZIP	33 N. Garden Ave., #800	
TITLE		51 TITLE	Clearwater, FL 34615	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Harriet F. Mills 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087893