

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737705 (4)
1. Corporation Name
RESOURCE CENTER FOR WOMEN, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
1301 SEMINOLE BLVD BLDG F STE 150 Bldg. F LARGO FL 34640 US		1301 SEMINOLE BLVD BLDG F STE 150 LARGO FL 34640 US		12/30/1976		04/19/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc. BLDG F		26 Suite, Apt. #, etc.		59-1759546		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASON, ANNE S. % MASON & ASSOCIATES 18167 US 19 N, #150 CLEARWATER FL 34624				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	PD	<input type="checkbox"/> DELETE		21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DANIEL F.			22 NAME			
STREET ADDRESS	122 CRESTWOOD LANE			23 STREET ADDRESS	3208 Huntington Place Drive		
CITY-ST-ZIP	LARGO FL			24 CITY-ST-ZIP	Sarasota, FL 34237		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, ANNE S			32 NAME			
STREET ADDRESS	SALEM, SAXON & NIELSEN, P.O. BOX 3399 N/A			33 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33601			34 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTNER, JAMES L.			42 NAME			
STREET ADDRESS	8 BELLEVUE BLVD #708			43 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR FL			44 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMSEY, CYNTHIA			52 NAME			
STREET ADDRESS	33 N GARDEN AVE #800			53 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				62 NAME	Christine Fanelli		
STREET ADDRESS				63 STREET ADDRESS	389 Grand Bay Drive		
CITY-ST-ZIP				64 CITY-ST-ZIP	Ozona, FL 34660		

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: Cynthia E. Lindsey 1/31/1996 (813) 837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)