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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737705** (4)

1. Corporation Name

RESOURCE CENTER FOR WOMEN, INC.



Principal Place of Business 1301 SEMINOLE BLVD BLDG 1 STE 150 BLDG F LARGO FL 34640 US		Mailing Address 1301 SEMINOLE BLVD BLDG F STE 150 LARGO FL 33770-8113 US		3. Date Incorporated or Qualified 12/30/1976	3a. Date of Last Report 02/14/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1759546		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. 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

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JOHN A JR	1.2 NAME	
STREET ADDRESS	7826 9TH AVE. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DANIEL F.	2.2 NAME	
STREET ADDRESS	3208 HUNTINGTON PLACE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANELLI, CHRISTINE	3.2 NAME	SD
STREET ADDRESS	389 GRAND BAY DRIVE	3.3 STREET ADDRESS	HILL, JANICE
CITY-ST-ZIP	OZONA FL	3.4 CITY-ST-ZIP	11341 Shipwatch Drive #1015
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTNER, JAMES L.	4.2 NAME	
STREET ADDRESS	8 BELLEVIEW BLVD #708	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMSEY, CYNTHIA	5.2 NAME	
STREET ADDRESS	33 N GARDEN AVE #800	5.3 STREET ADDRESS	2668 Sequoia Terrace
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kimsey* : Cynthia Kimsey

4/3/97 (813) 837-3009

CR2E037 (9/96)