

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90066 014 ****61.25

DOCUMENT # 737705

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
STE 150 BLDG F

23 City & State

24 Zip 33770 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/30/1976

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

9. Name and Address of Current Registered Agent

MASON, ANNE S.
% MASON & ASSOCIATES
18167 US 19 N, #150
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name HAFLING, MARILYN E.

82 Street Address (P.O. Box Number is Not Acceptable)
11740 CURRIE LN

83

84 City LARGO FL 85 Zip Code 33774

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

MARILYN E. HAFLING

MARCH 22, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHELBY, MARTIN
STREET ADDRESS 1810 KAY DR
CITY-ST-ZIP LARGO FL 33770 ☐ DELETE

TITLE D
NAME MILLER, DANIEL F.
STREET ADDRESS 13572 FEATHER SOUND CIR WEST, #1903
CITY-ST-ZIP CLEARWATER FL 33762 ☒ DELETE

TITLE SD
NAME HILL, JANICE
STREET ADDRESS 11541 SHIPWATCH DR, #1015
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE VD
NAME JONES, THERESA
STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ DELETE

TITLE TD
NAME HALVORSEN, JEAN
STREET ADDRESS 79 ROYAL PALM CIR
CITY-ST-ZIP LARGO FL 33778 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE PD ☐ Change ☒ Addition
6.2 NAME HAFLING, MARILYN E.
6.3 STREET ADDRESS 11740 CURRIE LN
6.4 CITY-ST-ZIP LARGO, FL 33774

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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, with all other like empowered.

SIGNATURE: MARILYN E. HAFLING

3/22/99

727-586-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0055412

CR25037 (11/98)