


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 737705 1. Entity Name RESOURCE CENTER FOR WOMEN, INC.	
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Principal Place of Business 1301 SEMINOLE BLVD STE 150, BLDG. F LARGO, FL 33770 US	Mailing Address 1301 SEMINOLE BLVD STE 150, BLDG. F LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1759546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAFLING, MARILYN E 11740 CURRIE LN LARGO, FL 33774

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, DORIS 1620 PARK STREET NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, JANICE 11541 SHIPWATCH DR, #1015 LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARMORE, BOBBIE 1277 WALSINGHAM ROAD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000114670 04/15/04-80060-001 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Janice B Hill RN MPH</u> Janice B. Hill, RN MPH - President RCW Board of Directors	4-13-04 727-586-1110
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