2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #737705

Entity Name

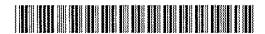
RESOURCE CENTER FOR WOMEN, INC.



Principal Place of Business

1301 SEMINOLE BLVD STE 150, BLDG. F LARGO, FL 33770 & Mailing Address

1301 SEMINOLE BLVD STE 150, BLDG. F LARGO, FL 33770 US FILED Apr 15, 2004 08:00 AM Secretary of State



04132004 No Chg-NP

CR2E037 (10/03)

4.	FEI Number		Applied For
	59-1759546		Not Applicable
5,	Certificate of Status Desired	\$8.75 Fee Reg	Additional uired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HAFLING, MARILYN E 11740 CURRIE LN LARGO, FL 33774

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title	if armitrable (NICTE Baredorad	Amant connat.ora	required when reinstating)	DATE			
	Signature, types or printed name or registered agent and time	n applicable (NOTE, neglatered	ngen agrature	Ledman with Lewisemich)	UNIX			
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD ANDERSON, DORIS 1620 PARK STREET NORTH SAINT PETERSBURG, FL 33710				U00000114670			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, JANICE 11541 SHIPWATCH DR, #1015 LARGO, FL 33774				04/15/04-80060-001 61.25			
TITLE NAME STREET ADORESS CITY-ST-ZIP	TD BARMORE, BOBBIE 1277 WALSINGHAM ROAD LARGO, FL 33774	·		DO	NOT WRITE			
BILE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CHY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
12. Thereby 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.								