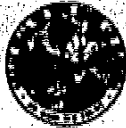


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9: 52

DOCUMENT # 770073 (5)

1. Corporation Name
GULF HARBORS WOMEN OF THE WOODLANDS, INC.

Principal Place of Business Mailing Address
3906 MARINE PARKWAY 3906 MARINE PARKWAY
NEW PORT RICHEY FL 34652-3142 NEW PORT RICHEY FL 34652-3142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1983 3a. Date of Last Report 04/11/1994
4. FEI Number 59-2480702 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SANDBERG, MARY JEAN
5637 DECATUR DR.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent
81 Name MANUEL, PEG
82 Street Address (P.O. Box Number is Not Acceptable) 4309 DEWEY DR.
83
84 City New Port Richey FL 85 Zip Code 34652

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mary Jean Sandberg* (NOTE: Registered Agent signature required when reinstating) DATE 4-

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SANDBERG, MARY JEAN
STREET ADDRESS 5637 DECATUR DR.
CITY-ST-ZIP NEW PORT RICHEY FL
TITLE VD
NAME MANUEL, PEG
STREET ADDRESS 4309 DEWEY DR.
CITY-ST-ZIP NEW PT RICHEY FL
TITLE SD
NAME VAN HUELE, IRENE
STREET ADDRESS 4134 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL
TITLE TD
NAME COX, DOROTHY
STREET ADDRESS 5820 BOONE CT.
CITY-ST-ZIP NEW PT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME MANUEL, PEG
1.3 STREET ADDRESS 4309 DEWEY DR.
1.4 CITY-ST-ZIP New Port Richey FL 34652
2.1 TITLE VP Change Addition
2.2 NAME ONDRUSEK, JUANITA
2.3 STREET ADDRESS 5630 BOONE CT
2.4 CITY-ST-ZIP New Port Richey FL 34652
3.1 TITLE Change Addition
3.2 NAME SAME - N/A
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE TD Change Addition
4.2 NAME MOUNTS, DOROTHY
4.3 STREET ADDRESS 4119 MARINE PARKWAY
4.4 CITY-ST-ZIP New Port Richey FL 34652
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Jean Sandberg* Date 4-11-95 Daytime Phone #