

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770073** (5)

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



Principal Place of Business: **3936 MARINE PARKWAY NEW PORT RICHEY FL 34652-3142**
Mailing Address: **3936 MARINE PARKWAY NEW PORT RICHEY FL 34652-3142**

3. Date Incorporated or Qualified: **09/01/1983**
3a. Date of Last Report: **04/11/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2480702	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MANUEL, PEG 4309 DEWEY DR NEW PORT RICHEY FL 34652				81	Name			NEWTON, FAITH
				82	Street Address (P.O. Box Number is Not Acceptable)			4152 PERRY PLACE
				83				
				84	City	NEW PORT RICHEY	FL	85

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 officer 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: *Faith C. Newton* **Faith C. Newton** DATE: **May 9, 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, PEG	1.2 NAME	NEWTON, FAITH
STREET ADDRESS	4309 DEWEY DR	1.3 STREET ADDRESS	4152 PERRY PLACE
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDRUSEK, JUANITA	2.2 NAME	
STREET ADDRESS	5630 BOONE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HUELE, IRENE	3.2 NAME	Cox, DOROTHY
STREET ADDRESS	4134 PERRY PLACE	3.3 STREET ADDRESS	5630 BOONE CT
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNTS, DOROTHY	4.2 NAME	
STREET ADDRESS	4119 MARINE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100001873021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/24/96--01030--037
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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 119.07(3)(k), 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: *Faith C. Newton* **Faith C. Newton** DATE: **May 9, 1996** 813-848-1111
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)