

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/01/1983	
4. FEI Number 59-2480702	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 3936 MARINE PKY Suite, Apt. #, etc.	2a. Mailing Address 3936 MARINE PKY Suite, Apt. #, etc.
22. City & State NEW PORT RICHEY FL	27. City & State NEW PORT RICHEY FL
23. Zip 34652	28. Zip 34652
24. Country PASC	29. Country PASC

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEWTON, FAITH 4152 PERRY PLACE NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 98-99	
81. Name MARY JEAN DUNCAN	82. Street Address (P.O. Box Number is Not Acceptable) 4469 DEWEY DRIVE	83.	84. City NEW PORT RICHEY FL
			85. Zip Code 34652

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 *Mary Jean Duncan* DATE **3/11/98**

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	NEWTON, FAITH 4152 PERRY PLACE NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> DELETE	
TITLE VD	ONDRUSEK, JUANITA 5630 BOONE CT NEW PT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE SD	COX, DOROTHY 5620 BOONE CT. NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE TD	MOUNTS, DOROTHY 4119 MARINE PKWY NEW PT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MARY JEAN DUNCAN	
1.3 STREET ADDRESS 4469 DEWEY DRIVE	
1.4 CITY-ST-ZIP NEW PORT RICHEY FL	
2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MARIE CHANDLER	
2.3 STREET ADDRESS 4620 DEWEY DRIVE	
2.4 CITY-ST-ZIP NEW PORT RICHEY FL	
3.1 TITLE SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME EARLINE CHURBUCK	
3.3 STREET ADDRESS 5517 GRIDLEY LN	
3.4 CITY-ST-ZIP NEW PORT RICHEY FL	
4.1 TITLE TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME CAROL DUPONT	
4.3 STREET ADDRESS 4369 MARINE PKY	
4.4 CITY-ST-ZIP NEW PORT RICHEY FL	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Mrs Carol Dupont*

CFR2E037 (10/97)