


**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90097 042 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 770073</b>					
1. Corporation Name <b>GULF HARBORS WOMEN OF THE WOODLANDS, INC.</b>					
Principal Place of Business 3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US			Mailing Address 3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/01/1983	
22 City & State		27 City & State		4. FEI Number: 59-2480702	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 CAROL DUPONT DATE 2-9-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DUNCAN, MARY JEAN	1.2 NAME	MARY JEAN DUNCAN
STREET ADDRESS	4469 DEWEY DR	1.3 STREET ADDRESS	4469 DEWEY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	VP	2.1 TITLE	VP
NAME	CHANDLER, MARIE	2.2 NAME	MARIE CHANDLER
STREET ADDRESS	4620 DEWEY DR.	2.3 STREET ADDRESS	4620 DEWEY DRIVE
CITY-ST-ZIP	NEW PT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	SD	3.1 TITLE	SD
NAME	CHURBUCK, EARLINE	3.2 NAME	EARLINE CHURBUCK
STREET ADDRESS	5517 GRIDLEY LN	3.3 STREET ADDRESS	5517 GRIDLEY LANE
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY
TITLE	TD	4.1 TITLE	TD
NAME	DUPONT, CAROL	4.2 NAME	CAROL DUPONT
STREET ADDRESS	4368 MARINE PKWY	4.3 STREET ADDRESS	4368 MARINE PKY
CITY-ST-ZIP	NEW PT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE: CAROL DUPONT DATE 2-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carol Dupont* 4-11-99

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