FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE

DOCUMENT # **N02580** **(1)**

1. Corporation Name

COUNSELLING & RESOURCE CENTER FOR WOMEN & FAMILIES, INC.

Principal Place of Business	Mailing Address
1011 S.W. 1ST AVENUE SUITE 6 OCALA FL 34474	1011 S.W. 1ST AVENUE SUITE 6 OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2522150 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 1203 S.W. 12th Street	26 1203 S.W. 12th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34474 25 Country: USA	29 Zip: 34471 30 Country: USA

9. Name and Address of Current Registered Agent

STEDDOM, MARY B
1701 SE FORT KING ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	☒ Change ☐ Addition
NAME	HENDERSON, JAN M	12 NAME	Fontaine, Jane	
STREET ADDRESS	2510 S.W. 35TH ST.	13 STREET ADDRESS	1111 N.E. 25th Ave.	
CITY-ST-ZIP	OCALA FL 34474	14 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	VD	21 TITLE	SD	☒ Change ☐ Addition
NAME	CROSS, GAIL	22 NAME	Steddom, Mary B.	
STREET ADDRESS	6696 S.W. 17TH TERR. RD.	23 STREET ADDRESS	1701 S.E. Ft. King St.	
CITY-ST-ZIP	OCALA FL 34471	24 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	SD	31 TITLE	TD	☒ Change ☐ Addition
NAME	RASBURY, NAIDA	32 NAME	Cook, Carolyn	
STREET ADDRESS	347 OAK TRACK COURSE	33 STREET ADDRESS	P.O. Box 6000	
CITY-ST-ZIP	OCALA FL 34472	34 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KENDZIORA, LORELEI	42 NAME		
STREET ADDRESS	550 N.E. 25TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Carolyn L Cook 4-16-95 (904)351-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065297