

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02580 (1)

1. Corporation Name

COUNSELLING & RESOURCE CENTER FOR WOMEN & FAMILIES, INC.



Principal Place of Business

1203 SW 12TH ST
SUITE 6
OCALA FL 34474
US

Mailing Address

1203 SW 12TH ST
SUITE 6
OCALA FL 34471
US

3. Date Incorporated or Qualified
04/16/1984

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2522150

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

SEE PRESIDENT
BELOW

81 Name

JANE B. FONTAINE

82 Street Address (P.O. Box Number is Not Acceptable)

1111 N.E. 25TH AVE. STE 402

83

OCALA

84 City

FL

85 Zip Code

34470

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

Jane B. Fontaine

JANE B. FONTAINE

2/19/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME FONTAINE, JANE

STREET ADDRESS 1111 NE 25TH AVE STE. 402

CITY-ST-ZIP Ocala FL 34470

TITLE ☒ DELETE

NAME STEDDOM, MARY B

STREET ADDRESS 1701 SE FT KING ST

CITY-ST-ZIP Ocala FL

TITLE ☒ DELETE

NAME COOK, CAROLYN

STREET ADDRESS P.O. BOX 0000 1814 SE 36 PLACE

CITY-ST-ZIP Ocala FL 34471

TITLE ☒ DELETE

NAME KENDZIORA, LORELEI

STREET ADDRESS 550 N.E. 25TH AVE.

CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT JANE FONTAINE

1111 N.E. 25TH AVE STE 402

OCALA, FL. 34470

V.P. RASBURY, NAIDA

347 OAK TRACK COURSE

OCALA, FL. 34472

SEC. JOHNSON, ERNESTINE

2121 SW 79th AVE RD.

OCALA, FL. 34478

TREAS. FOLSHEE, JULIE

1203 S.W. 12th ST. A

OCALA, FL. 34474

5.000017008P

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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:

Jane B. Fontaine

2/19/96 (352) 622-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE B. FONTAINE

Date

Daytime Phone #

CR2E037 (12/95)

4-15-96