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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N02580 (1)

1. Corporation Name

COUNSELLING & RESOURCE CENTER FOR WOMEN & FAMILI
ES, 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 34474-3130
US

3. Date Incorporated or Qualified
04/16/1984

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTAINE, JANE B
1111 N.E. 25TH AVE. STE 402
OCALA FL 34470

81 Name

Rasbury, Naida

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

347 Oak Track Course

83

84 City

Ocala

FL

85

Zip Code

34472

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

Naida Rasbury

2/12/97

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 PD
NAME FONTAINE, JANE
STREET ADDRESS 1111 NE 25TH AVE STE.402
CITY- ST- ZIP Ocala FL 34470

TITLE VD
NAME RASBURY, NAIDA
STREET ADDRESS 347 OAK TRACK COURSE
CITY- ST- ZIP Ocala FL 34472

TITLE SD
NAME JOHNSON, ERNESTINE
STREET ADDRESS 2121 SW 19TH AVE. RD.
CITY- ST- ZIP Ocala FL 34478

TITLE TD
NAME FOUSHEE, JULIE
STREET ADDRESS 1203 SW 12TH ST. A.
CITY- ST- ZIP Ocala FL 34474

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE PD
1.2 NAME Rasbury, Naida
1.3 STREET ADDRESS 347 Oak Track Course
1.4 CITY- ST- ZIP Ocala, FL 34472

2.1 TITLE VD
2.2 NAME Fante, Cheryl
2.3 STREET ADDRESS CFCC, P.O. Box 1388 / 3337 SE 15th ST
2.4 CITY- ST- ZIP Ocala, FL 34478-1388 Ocala, FL

3.1 TITLE TD
3.2 NAME Foushee, Julie
3.3 STREET ADDRESS 1203 SW 12th ST., STE 1
3.4 CITY- ST- ZIP Ocala, FL 34474

4.1 TITLE SD
4.2 NAME Shire Kline
4.3 STREET ADDRESS 1215 SE 10th ST.
4.4 CITY- ST- ZIP Ocala, FL 34471

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

14. I do 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:

Naida Rasbury

2/12/97

CR2E037 (9/96)