

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. McMan 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 STE. 1 OCALA FL 34474 US | | Mailing Address 1203 SW 12TH ST STE. 1 OCALA FL 34471 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 04/16/1984 4. FEI Number 59-2522150 Applied For Not Applicable | |
| 5. 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent RASBURY, NAIDA 347 OAK TRACK COURSE OCALA FL 34472 | | 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | |
| NAME | RASBURY, NAIDA | | |
| STREET ADDRESS | 347 OAK TRACK COURSE | | |
| CITY-ST-ZIP | OCALA FL | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | |
| NAME | FANTE, CHERLY | | |
| STREET ADDRESS | 3337 S.E. 15TH ST. | | |
| CITY-ST-ZIP | OCALA FL | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | |
| NAME | FOUSHEE, JULIE | | |
| STREET ADDRESS | 1203 S.W. 12TH ST., STE. 1 | | |
| CITY-ST-ZIP | OCALA FL | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | |
| NAME | KLANE, SUSIE | | |
| STREET ADDRESS | 1215 S.E. 10TH ST. | | |
| CITY-ST-ZIP | OCALA FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1. TITLE | P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Naída Rasbury |
| 1.3 STREET ADDRESS | 347 Oak Track Course |
| 1.4 CITY-ST-ZIP | Ocala, FL 34472 |
| 2. TITLE | VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Driscoll, Mary |
| 2.3 STREET ADDRESS | 1411 N.E. 22 Ave. |
| 2.4 CITY-ST-ZIP | Ocala, FL 34471 |
| 3. TITLE | TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Kendziora, Lorelei |
| 3.3 STREET ADDRESS | 550 N.E. 25th Ave. |
| 3.4 CITY-ST-ZIP | Anthony, FL 34470 |
| 4. TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Steddom, Mary |
| 4.3 STREET ADDRESS | 1701 S.E. Ft. King St. |
| 4.4 CITY-ST-ZIP | Ocala, FL 34471 |
| 5. TITLE | Director at Large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | KLANE, Susie |
| 5.3 STREET ADDRESS | 1215 S.E. 10th Street |
| 5.4 CITY-ST-ZIP | Ocala FL |
| 6. TITLE | |
| 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:

Naída Rasbury
CORRECTION REQUIRED

1/7/98 352-732-5601

CR2E037 (10/97)