

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00am
Secretary of State

DOCUMENT # N12229 (3)

1. Corporation Name

NORTH PINELLAS WOMEN'S CENTER, INC.



Principal Place of Business Mailing Address
36477 US HWY. 19 NORTH 36477 US HWY. 19 NORTH
PALM HARBOR FL 34684 PALM HARBOR FL 34684
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2648957	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 15221 U.S. Hwy. #19, Suite, Apt. #, etc. 22 Suite B City & State 23 Hudson, Florida 34667 Zip Country 24 34667 25 U.S.	2a. Mailing Address 26 15221 US Hwy 19, Suite, Apt. #, etc. 27 Suite B City & State 28 Hudson, Florida 34667 Zip Country 29 34667 30 U.S.
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BADGER, BERKLEY C
324 WESTGATE ROAD
TARPON SPRINGS FL 34689

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 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	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QIRESI, LEE ANNE	1.2 NAME	Hines, Margaret
STREET ADDRESS	2347 SURREY LANE	1.3 STREET ADDRESS	18131 Sandpine Drive
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Spring Hill, FL 34610
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES	2.2 NAME	Six, Anita M.
STREET ADDRESS	509 HAMMOCK PINE	2.3 STREET ADDRESS	5530 Alderwood Street
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGER, BERLEY	3.2 NAME	
STREET ADDRESS	324 WESTGATE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

CR2E037 (4/97)

RHW
9-8-97

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