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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N13462 (9)

1. Corporation Name

THE WOMEN'S CENTER OF MARTIN COUNTY, INC.



Principal Place of Business

448 EAST OSCEOLA STREET  
STUART FL 34994

Mailing Address

448 EAST OSCEOLA STREET  
STUART FL 34994

3. Date Incorporated or Qualified  
02/18/1986

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, MARJORIE N.  
448 EAST OSCEOLA STREET  
STUART FL 34994

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 nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JORDAN, MARJORIE N.  
STREET ADDRESS 12 CASTLE HILL WAY  
CITY - ST - ZIP STUART FL

TITLE D ☐ DELETE

NAME BAKER, PATRICIA M.  
STREET ADDRESS P.O. BOX 2292 N/A  
CITY - ST - ZIP PALM CITY FL

TITLE PD ☐ DELETE

NAME LARSCHAN, PATRICIA A.  
STREET ADDRESS 3511 SE FAIRWAY W  
CITY - ST - ZIP STUART FL

TITLE D ☐ DELETE

NAME FOGT, PAMELA W.  
STREET ADDRESS 12746 REFUGE LANE  
CITY - ST - ZIP JENSEN BEACH FL

TITLE STD ☐ DELETE

NAME WITHAM, MABLE B.  
STREET ADDRESS 1457 N.W. LAKE POINT  
CITY - ST - ZIP STUART FL

TITLE VD ☐ DELETE

NAME CAPRA, JOSEPH  
STREET ADDRESS 950 E. PARKWAY  
CITY - ST - ZIP STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1765 SW OAKWATER POINTE  
PALM CITY, FL 34990

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:

*Mabel B. Witham* Sec/Treasurer

4/19/96

692-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)