


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N13462</b> (9)			
1. Corporation Name <b>THE WOMEN'S CENTER OF MARTIN COUNTY, INC.</b>			
Principal Place of Business <b>448 EAST OSCEOLA STREET STUART FL 34994</b>		Mailing Address <b>448 EAST OSCEOLA STREET STUART FL 34994-2577</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>02/18/1986</b>		3a. Date of Last Report <b>04/24/1996</b>	
4. FEI Number <b>59-2667106</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 <b>FL</b> 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	D	<input type="checkbox"/> DELETE	
NAME	JORDAN, MARJORIE N.		
STREET ADDRESS	12 CASTLE HILL WAY		
CITY-ST-ZIP	STUART FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BAKER, PATRICIA M.		
STREET ADDRESS	P.O. BOX 2292 N/A		
CITY-ST-ZIP	PALM CITY FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	LARSCHAN, PATRICIA A.		
STREET ADDRESS	1765 SW OAKWATER POINTE		
CITY-ST-ZIP	PALM CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FOGT, PAMELA W.		
STREET ADDRESS	12746 REFUGE LANE		
CITY-ST-ZIP	JENSEN BEACH FL		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	
NAME	WITHAM, MABLE B.		
STREET ADDRESS	1457 N.W. LAKE POINT		
CITY-ST-ZIP	STUART FL		
TITLE	VD	<input checked="" type="checkbox"/> 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	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	DIANE KIMES		
1.3 STREET ADDRESS	6 LANTANA LANE		
1.4 CITY-ST-ZIP	STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	JILL CREECH		
2.3 STREET ADDRESS	6856 SW WOODBINE WAY		
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	ALBERT LITTLE		
3.3 STREET ADDRESS	1050 SE EUCLID LANE		
3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	CANDACE ALCORTA		
4.3 STREET ADDRESS	8136 SE WINDJAMMER WAY		
4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	LAURENCE NOVOTNEY		
5.3 STREET ADDRESS	9600 SOUTH OCEAN DRIVE		
5.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, unchanged, or on an attachment with an address.			
SIGNATURE: <i>Patricia A. Larschan</i>		2-17-97 561-686-9505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0071839	

CR2E037 (9/96)