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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/18/1986	59-2667106	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	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	
Zip	Country	29	30	
24	25			

9. Name and Address of Current Registered Agent

**LARSCHAN, PATRICIA
448 EAST OSCEOLA STREET
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **CREECH, JILL**
82 Street Address (P.O. Box Number is Not Acceptable)
448 EAST OSCEOLA STREET
83
84 City **STUART** **FL** 85 Zip Code **34994**

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

01-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, MARJORIE N.	1.2 NAME	CREECH, JILL
STREET ADDRESS	12 CASTLE HILL WAY	1.3 STREET ADDRESS	6856 SW WOODBINE WAY
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMES, DIANE	2.2 NAME	LITTLE, ALBERT
STREET ADDRESS	6 LANTANA LANE	2.3 STREET ADDRESS	1080 SE EUCLID LANE
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSCHAN, PATRICIA A.	3.2 NAME	NEGRON, JOSEPH
STREET ADDRESS	1765 SW OAKWATER POINTE	3.3 STREET ADDRESS	5722 SE MITZI LANE
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	STUART, FLORIDA 34997
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGT, PAMELA W.	4.2 NAME	ALCORTA, CANDACE
STREET ADDRESS	12746 REFUGE LANE	4.3 STREET ADDRESS	8136 SE WINDJAMMER WAY
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SIPPEL, PHYLLIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREECH, JILL	5.2 NAME	300 HOSPITAL AVE
STREET ADDRESS	6856 SW WOODBINE WAY	5.3 STREET ADDRESS	STUART, FL 34994
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	DIRECTOR
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	NOVOTNEY, LAURENCE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, ALBERT	6.2 NAME	9600 SOUTH OCEAN DR
STREET ADDRESS	1050 SE EUCLID LANE	6.3 STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Patricia A. Larschan**

01/27/98 561-283-1413

CR0307 (10/97)