


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90017 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13462

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

475625-90017-38



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2667106	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CREECH, JILL
448 E OSCEOLA ST
STUART FL 33994

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREECH, JILL	1.2 NAME	Dupuy, Donna
STREET ADDRESS	6856 SW WOODBINE WY	1.3 STREET ADDRESS	301 Hospital Ave.
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, ALBERT	2.2 NAME	Jordan, Marjorie N.
STREET ADDRESS	1080 SE EUCLID LN	2.3 STREET ADDRESS	12 Castle Hill Way
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRON, JOSEPH	3.2 NAME	
STREET ADDRESS	5722 SE MITZI LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCORTA, CANDACE	4.2 NAME	
STREET ADDRESS	8136 SE WINDJAMMER WY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIPPEL, PHYLLIS	5.2 NAME	Fogt, Pamela
STREET ADDRESS	300 HOSPITAL AVE	5.3 STREET ADDRESS	12746 Refuge Lane
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVOTNEY, LAURENCE	6.2 NAME	Frank, Britt
STREET ADDRESS	9600 S OCEAN DR	6.3 STREET ADDRESS	759 S. Fed. Hwy. Bldg. III Ste 321
CITY-ST-ZIP	JENSEN BEACH FL 34957	6.4 CITY-ST-ZIP	Stuart, FL 34994

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Phyllis M. Suppel April 27, 1999 561 223 5445
X 3030

Date

Daytime Phone #

CR2E037 (11/98)

The Women's Center of Martin County

Additional Officers and Directors

D
Wakeman, Judy
3601 S.E. Micanopy Terrace
Stuart, FL 34997

D
Timmann, Carolyn
957 South Federal Hwy.
Stuart, FL 34994

D
Lust, Lisa
32-A Osceola St.
Stuart, FL 34994

D
Powers, Brian
P448 E. Osceola St.
Stuart, FL 34994

D
Hart, Chanel
271 S.E. Harbor Point Drive
Stuart, FL 34996

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