FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24253** **(9)**

1. Corporation Name

THE WOMEN'S DEVELOPMENT CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2800 PLACIDA, UNIT 102 ENGLEWOOD FL 34224	2800 PLACIDA, UNIT 102 ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZIC, THERESE
2800 PLACIDA RD
UNIT 102
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	Treasurer ☒ Change ☐ Addition
NAME	TIBERT, BETTE L	12 NAME	Jepsen, Barbara E.
STREET ADDRESS	47 BUNKER CT	13 STREET ADDRESS	7635 Ratan Circle
CITY-ST-ZIP	ROTONDA FL	14 CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	V D	21 TITLE	☐ Change ☐ Addition
NAME	CAVANAGH, LUCILE	22 NAME	
STREET ADDRESS	43 OAKLAND HILLS CT	23 STREET ADDRESS	Sane
CITY-ST-ZIP	ROTONDA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	Secretary D ☒ Change ☐ Addition
NAME	JOHNSON, PAMELA	32 NAME	Beverly Cennamo
STREET ADDRESS	7419 CLEARWATER	33 STREET ADDRESS	25 Rairway Road
CITY-ST-ZIP	ENGLEWOOD FL	34 CITY-ST-ZIP	Rotunda W., FL 33947
TITLE	P D	41 TITLE	☐ Change ☐ Addition
NAME	ZIC, THERESA	42 NAME	Sane
STREET ADDRESS	42 BUNKER PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA W. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	700001491787
STREET ADDRESS		53 STREET ADDRESS	-05/17/95--01141--008
CITY-ST-ZIP		54 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	AM 5/12
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Barbara E. Jepsen Barbara E. Jepsen, Treas. 813-698-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083640