

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

DOC# N24253 (9)

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1 Corporation Name

The Womens Development Center,  
Inc.  
2800 Placida Rd. Unit 102  
Englewood FL, 34224

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2800 PLACIDA RD  
UNIT 102  
ENGLEWOOD FL 34224

2800 PLACIDA RD  
UNIT 102  
ENGLEWOOD, FL 34224

3. Date Incorporated or Qualified  
12/31/1987

3a. Date of Last Report  
4/10/95

4. FEI Number

NOT APPLI

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIC THERESE  
2800 PLACIDA RD  
UNIT 102  
ENGLEWOOD FL 34224

81 Name

ANN REDOVAN

82 Street Address (P.O. Box Number is Not Acceptable)

1978 GEORGIA

83

84 City

ENGLEWOOD

FL

85 Zip Code

34224

I, Pursuant to the provisions of Sections 617.0502 and 617.1803, 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 ANN REDOVAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/96

12 OFFICERS AND DIRECTORS

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME TERRY ZIC  
STREET ADDRESS 42, BUNKER PLACE, ROTONDA FL  
CITY-ST-ZIP

11 TITLE D  
NAME PRESIDENT  
12 NAME ANN REDOVAN  
13 STREET ADDRESS 1978 GEORGIA, ENGLEWOOD FL  
14 CITY-ST-ZIP

TITLE T  
NAME BARBARA JEPSON  
STREET ADDRESS 7635 RATON CIRCLE PT CHARLOTTE  
CITY-ST-ZIP

21 TITLE T  
NAME TREASURER  
22 NAME DOLORES DALE  
23 STREET ADDRESS 6987 MINEOLA ENGLEWOOD FL  
24 CITY-ST-ZIP

TITLE T  
NAME JUDY GHOSH  
STREET ADDRESS 676 MICHIGAN AVE ENGLEWOOD FL  
CITY-ST-ZIP

31 TITLE T  
NAME VICE PRESIDENT  
32 NAME DELIGHT TEPASKE  
33 STREET ADDRESS 7439 QUARRY ST, ENGLEWOOD FL  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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\*\*\*61.25

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:

DOLORES E. DALE, TREAS

2-15-96 941-692-4440

Date

Daytime Phone #