

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N32559** (9)
1. Corporation Name
RESOURCE CENTER FOR WOMEN FOUNDATION, INC.



Principal Place of Business Mailing Address
**1301 SEMINOLE BLVD.
BLDG F. SUITE 150
LARGO FL 34640
US**

3. Date Incorporated or Qualified **05/30/1989** 3a. Date of Last Report **05/01/1995**

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 29 Country 30 Country

4. FEI Number **59-2959397** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALKER, BARBARA
2300 WETHERINGTON ROAD
CLEARWATER FL 34625**

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 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, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **MCEUEN, ALBERTA L.**
STREET ADDRESS **26301 US 19 N**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **TD** ☐ DELETE
NAME **KIMSEY, CINTHIA**
STREET ADDRESS **33 N. GARDEN AVENUE #800**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE **VD** ☒ DELETE
NAME **MILLER, DANIEL F.**
STREET ADDRESS **260 1ST AVENUE S**
CITY - ST - ZIP **ST PETE FL**

TITLE **D** ☐ DELETE
NAME **ORTNER, JAMES L.**
STREET ADDRESS **8 BELLEVIEW BLVD. #708**
CITY - ST - ZIP **BELLAIR FL**

TITLE **PD** ☐ DELETE
NAME **WALKER, BARBARA**
STREET ADDRESS **2300 WETHERINGTON RD**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE
NAME **GOMEZ, RICHARD**
STREET ADDRESS **417 ST. ANDREWS DRIVE**
CITY - ST - ZIP **BELLAIR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **CYNTHIA** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Diane Valdez**
3.3 STREET ADDRESS **2308 Jones Drive**
3.4 CITY - ST - ZIP **Dunedin, FL 34698**

4.1 TITLE **ORTNER** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **BELLAIR**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Don Newman**
6.3 STREET ADDRESS **1 Sea Side #801**
6.4 CITY - ST - ZIP **Belleair, FL 34616**

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:

Cynthia E. Kimsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/1996
DATE

(813) 837-3009
DAYTIME PHONE

CR2E037 (12/95)