


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Moore Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32559 (9) 1. Corporation Name RESOURCE CENTER FOR WOMEN FOUNDATION, INC.			
Principal Place of Business 1301 SEMINOLE BLVD. BLDG F, SUITE 150 LARGO FL 34640 US		Mailing Address 1301 SEMINOLE BLVD. BLDG F, SUITE 150 LARGO FL 33770-8113 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/30/1989		3a. Date of Last Report 02/07/1996	
4. FEI Number 59-2959397		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when retaking) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MCEUEN, ALBERTA L.		
STREET ADDRESS	26301 US 19 N		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	KIMSEY, CYNTHIA		
STREET ADDRESS	33 N. GARDEN AVENUE #800		
CITY-ST-ZIP	PALM HARBOR FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	VALDEZ, DIANE		
STREET ADDRESS	2308 JONES DRIVE		
CITY-ST-ZIP	BUNEDIN FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	ORTNE, JAMES L.		
STREET ADDRESS	8 BELLEVUE BLVD. #708		
CITY-ST-ZIP	BELLEAIR FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WALKER, BARBARA		
STREET ADDRESS	2300 WETHERINGTON RD		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	NEWMAN, DON		
STREET ADDRESS	1 SEA SIDE 801		
CITY-ST-ZIP	BELLEAIR FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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.			
SIGNATURE: <i>Barbara Walker</i> H-29-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049645			

CR2E037 (9/96)