

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>1301 SEMINOLE BLVD. BLDG F. SUITE 150 LARGO FL 34640 US</b>		Mailing Address <b>1301 SEMINOLE BLVD. BLDG F. SUITE 150 LARGO FL 34640 US</b>		3. Date Incorporated or Qualified <b>05/30/1989</b>	
2. Principal Place of Business 21		2a. Mailing Address 26 <b>9225 Ulmerton Rd.</b>		4. FEI Number <b>59-2959397</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>402</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23		City & State 28 <b>Largo, Florida</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24		Zip 29 <b>33771</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30 <b>US</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WALKER, BARBARA 2300 WETHERINGTON ROAD CLEARWATER FL 34625 33765</b>				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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCEUEN, ALBERTA L.			1.2 NAME			
STREET ADDRESS	26301 US 19 N			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMSEY, CYNTHIA			2.2 NAME	Lawrence, Cynthia		
STREET ADDRESS	33 N. GARDEN AVENUE #800			2.3 STREET ADDRESS	4 Gulf Blvd. #203		
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP	Indian Rocks Bch, FL 33785		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDEZ, DIANE			3.2 NAME	Wiley, Diane		
STREET ADDRESS	2308 JONES DRIVE			3.3 STREET ADDRESS	2308 Jones Dr.		
CITY-ST-ZIP	BUNEDIN FL			3.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALKER, BARBARA			4.2 NAME	Orneck, Susan		
STREET ADDRESS	2300 WETHERINGTON RD			4.3 STREET ADDRESS	644 Island Way #206		
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP	Clearwater, FL 33767		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Rodriguez, Deanna		
STREET ADDRESS				5.3 STREET ADDRESS	2690 Drew St. #201		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Clearwater, FL 33759		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Barbara R. Walker* 1/13/98 (813) 518-6100

CR2E037 (10/97)