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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90048 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32559

1. Corporation Name

RESOURCE CENTER FOR WOMEN FOUNDATION, INC.

Principal Place of Business

1301 SEMINOLE BLVD.
SUITE 150
LARGO FL 33770-8113
US

Mailing Address

8325 WILMERTON RD
SUITE 150
LARGO FL 33770-8113
US

Same



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. 1301 SEMINOLE BLVD Suite, Apt. #, etc.	26. 1301 SEMINOLE BLVD Suite, Apt. #, etc.	05/30/1989
22. SUITE 150	27. SUITE 150	4. FEI Number
City & State	City & State	59-2959397
23. LARGO	28. LARGO	Applied For
Zip	Zip	Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
24. 33770-8113	29. 33770-8113	\$8.75 Additional Fee Required
25. PINELLAS	30. PINELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	85. Zip Code
HAFLING, MARILYN E.	33774
82. Street Address (P.O. Box Number is Not Acceptable)	
11740 CURRIE LANE	
83. City	
LARGO	
84. State	
FL	

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 **MARILYN E. HAFLING, ATTY.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **MARCH 31, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEUEN, ALBERTA L.	1.2 NAME	STEPHENS, SOLOMON
STREET ADDRESS	26301 US 19 N	1.3 STREET ADDRESS	301 4th STREET SOUTH WEST
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	LARGO FL 33770
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, CYNTHIA	2.2 NAME	
STREET ADDRESS	2 EAGLE LANE	2.3 STREET ADDRESS	2 EAGLE LANE
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33468	2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDEZ, DIANE	3.2 NAME	NOVOA, KALIKA
STREET ADDRESS	2308 JONES DRIVE	3.3 STREET ADDRESS	15509 MORNING DRIVE
CITY-ST-ZIP	BUNEDIN FL	3.4 CITY-ST-ZIP	LITZ FL 33549
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, BARBARA	4.2 NAME	HALVORSEN, JEAN M
STREET ADDRESS	2300 WETHERINGTON RD	4.3 STREET ADDRESS	79 ROYAL PALM CIRCLE
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	LARGO FL 33778
TITLE	M <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORNECK, SUSAN	5.2 NAME	MCLEOD, GEORGE C.
STREET ADDRESS	644 ISLAND WAY, 206	5.3 STREET ADDRESS	8 BELLEVIEW BLVD. #707
CITY-ST-ZIP	CLEARWATER FL 33767	5.4 CITY-ST-ZIP	BELLEAIR FL 33756-1969
TITLE	M <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, DEANNA	6.2 NAME	HAFLING, MARILYN E.
STREET ADDRESS	2690 DREW ST, #201	6.3 STREET ADDRESS	11740 CURRIE LANE
CITY-ST-ZIP	CLEARWATER FL 33759	6.4 CITY-ST-ZIP	LARGO FL 33774

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(2), 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, with all other like empowered.

SIGNATURE: **JEAN M. HALVORSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 1999

727-586-2011

CR2E037-(4/1/98)