


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90172 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33957					
1. Corporation Name GULFCOAST EXECUTIVE WOMEN, INC.					
Principal Place of Business % LINDA S. GRIFFIN 1455 COURT ST CLEARWATER FL 34616			Mailing Address % LINDA S. GRIFFIN 1455 COURT ST CLEARWATER FL 34616		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date incorporated or Qualified 08/25/1989	
				4. FEI Number 56-7435633	
				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	

9. Name and Address of Current Registered Agent GRIFFIN, LINDA S. 1455 COURT ST CLEARWATER FL 34616				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			
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D ANTON, KIM				1.2 NAME			
STREET ADDRESS 1583 S BELCHER RD				1.3 STREET ADDRESS			
CITY-ST-ZIP CLWTR FL				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PE SCHIAVO, KIMBERLY J.				2.2 NAME			
STREET ADDRESS 2555 ENTERPRISE ROAD				2.3 STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL				2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME S JONES, PAT				3.2 NAME SECRETARY			
STREET ADDRESS 12266 106TH AVE. NO				3.3 STREET ADDRESS LUBA MULDER			
CITY-ST-ZIP LARGO FL 33773				3.4 CITY-ST-ZIP 1460 BELCHER RD SO			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME T TREFZ, VIRGINIA				4.2 NAME			
STREET ADDRESS 414 TURNER ST				4.3 STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D RASOR, CAROL				5.2 NAME			
STREET ADDRESS 8131 140TH ST. NORTH				5.3 STREET ADDRESS			
CITY-ST-ZIP SEMINOLE FL				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D WALKER, CAROLE				6.2 NAME			
STREET ADDRESS 11151 66TH ST. NO. STE 301				6.3 STREET ADDRESS			
CITY-ST-ZIP LARGO FL 33773				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, with all other like empowered.

SIGNATURE: KATHERINE HARRIS 1-19-99 (727) 4491043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)