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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34189 (3)

1. Corporation Name

WOMEN SERVICE NETWORK, INC.



Principal Place of Business

Mailing Address

25 W. 23RD ST.
RIVIERA BCH FL 33419
USP.O. BOX 10651
RIVIERA BEACH FL 33419-0551
US3. Date Incorporated or Qualified
10/01/19893a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0198871Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARVIN, ANNE M.
108 MEADOWLARK DR.
ROYAL PALM BEACH FL 33411

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 P ☐ DELETE
NAME PLEASANT, PATRICIA
STREET ADDRESS 309 SILVER BUSH DR 623 Evergreen Drive
CITY-ST-ZIP LAKE PARK FL Lake Park, FL 334031.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Turner, Ruby
1.3 STREET ADDRESS 350 W 25th Street
1.4 CITY-ST-ZIP Riviera Beach, FL 33404TITLE D ☐ DELETE
NAME MACK, BOBBY
STREET ADDRESS 22 WEST 22ND STREET
CITY-ST-ZIP RIVIERA BEACH FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Lisa Huggard
2.3 STREET ADDRESS 13987 Morning Glory Drive
2.4 CITY-ST-ZIP Wellington, FL 33410TITLE S ☐ DELETE
NAME MCBAY, MARYANNE
STREET ADDRESS 4 RIVER CHASE TERRACE
CITY-ST-ZIP PALM BCH GARDENS FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Barbara Alfredson
3.3 STREET ADDRESS 12300 Alt. A1A, St. 110
3.4 CITY-ST-ZIP Palm Bch Gardens, FL 33410TITLE D ☒ DELETE
NAME PHILLIPS, LINDA
STREET ADDRESS 3824 HEATH CIRCLE SOUTH
CITY-ST-ZIP WEST PALM BEACH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WESTON, ERLENE
STREET ADDRESS 600 W. BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D T ☐ DELETE
NAME GRAEFE, BARBARA
STREET ADDRESS 2428 MONACO TERRACE 2761 Village Blvd
CITY-ST-ZIP PALM BCH GARDENS WPB FL 334096.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 400002187704
6.4 CITY-ST-ZIP -05/22/97--01021--012
***70.00

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: Anne M. Harvin REQUIRED Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(561) 881-0226

Daytime Phone 0041581

CR2E037 (9/96)