

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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  
US

P.O. BOX 10551  
RIVIERA BEACH FL 33419  
US

3. Date Incorporated or Qualified

10/01/1989

4. FEI Number

65-0198871

Applied For

Not Applicable

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

30

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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

TITLE P  
NAME PLEASANT, PATRICIA  
STREET ADDRESS 623 EVERGREEN DRIVE  
CITY-ST-ZIP LAKE PARK FL 33403

☐ DELETE

TITLE D  
NAME MACK, BOBBY  
STREET ADDRESS 22 WEST 22ND STREET  
CITY-ST-ZIP RIVIERA BEACH FL

☒ DELETE

TITLE S  
NAME MOBAY, MARYANNE  
STREET ADDRESS 4 RIVER CHASE TERRACE  
CITY-ST-ZIP PALM BCH GARDENS FL

☐ DELETE

TITLE D  
NAME HUGGARD, LISA  
STREET ADDRESS 13987 MORNING GLORY DRIVE  
CITY-ST-ZIP WELLINGTON FL 33410

☐ DELETE

TITLE D  
NAME WESTON, ERLENE  
STREET ADDRESS 600 W. BLUE HERON BLVD.  
CITY-ST-ZIP RIVIERA BEACH FL

☐ DELETE

TITLE T  
NAME GRAEFE, BARBARA  
STREET ADDRESS 2761 VILLAGE BLVD  
CITY-ST-ZIP WPB FL 33409

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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:

Anne M. Harvin

7/24/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007765

CR2E037 (5/98)