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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34189 1. Corporation Name WOMEN SERVICE NETWORK, INC.					
Principal Place of Business 25 W. 23RD ST. RIVIERA BCH FL 33419 US			Mailing Address P.O. BOX 10551 RIVIERA BEACH FL 33419 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/01/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0198871	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
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	D	<input type="checkbox"/> DELETE			
NAME	TURNER, RUBY				
STREET ADDRESS	350 W 25TH STREET				
CITY-ST-ZIP	RIVIERA BEACH FL 33404				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DRAPER, BETTY				
STREET ADDRESS	2325 AVENUE Z				
CITY-ST-ZIP	RIVIERA BEACH FL 33404				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCBAY, MARYANNE				
STREET ADDRESS	4 RIVER CHASE TERRACE				
CITY-ST-ZIP	PALM BCH GARDENS FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	HUGGARD, LISA				
STREET ADDRESS	13987 MORNING GLORY DRIVE				
CITY-ST-ZIP	WELLINGTON FL 33410				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	WESTON, ERLENE				
STREET ADDRESS	600 W. BLUE HERON BLVD.				
CITY-ST-ZIP	RIVIERA BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	O'MALLEY, SANDY				
STREET ADDRESS	25 WEST 23RD STREET				
CITY-ST-ZIP	RIVIERA BEACH FL 33404				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	PATRICIA PLEASANT				
1.3 STREET ADDRESS	623 EVERGREEN DRIVE				
1.4 CITY-ST-ZIP	LAKE PARK, FLORIDA 33403				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, its 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:

Signature of Anne M. Harvin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE M. HARVIN

Daytime Phone #

CR2E037 (11/98)