


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39436 (3) 1. Corporation Name WOMEN SET FREE MINISTRY, INC.			
Principal Place of Business 1825 30TH AVE. W. BRADENTON FL 34205		Mailing Address 4230 26TH STREET W. BRADENTON FL 34205-3569	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/16/1990		3a. Date of Last Report 04/03/1996	
4. FEI Number 65-0216564		Applied For <input type="checkbox"/> 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent XAVIER, ROBERT F. 8113 18TH AVENUE EAST PALMETTO FL 34221		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	
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			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	XAVIER, ROBERT F.		
STREET ADDRESS	8113 18TH AVE. EAST		
CITY-ST-ZIP	PALMETTO FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BACON, ELOUISE W.		
STREET ADDRESS	1109 8TH ST. CT. WEST		
CITY-ST-ZIP	BRADENTON FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	WILLARD, PATSY R.		
STREET ADDRESS	1825 30 AVE WEST		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ERICKSON, RICHARD E.		
STREET ADDRESS	5811 40TH AVE. EAST		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ENNIS, GENE		
STREET ADDRESS	1505 WILLOW OAK CIRCLE		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SMITH, MARGARET		
STREET ADDRESS	1602 21ST ST. W.		
CITY-ST-ZIP	BRADENTON FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 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: <i>Patsy R. Willard</i> PATSY R. WILLARD, S/T-3/1/97 941-758-1190 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061587			

CR2E037 (9/96)