


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

97 AUG 18 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

W97-18233

DOCUMENT # **N43362**  
 1. Corporation Name  
**Women's Organization for Medical Emergency Needs Inc.**

Principal Place of Business Mailing Address  
**4731 Wyoming Ave  
 Tampa, FL 33616**

**REINSTATEMENT 96-97**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **5/91** 3a. Date of Last Report **2/95**

4. FEI Number **59-3062028** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**D. Lynn Jackson  
 4731 Wyoming Ave  
 Tampa, FL 33616**

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 will accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: **D. Lynn Jackson** DATE: **6/22/97**

Signature, typed or printed name of registered agent and file number application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** **Chairperson**  DELETE

NAME **Ronha Metcalf**

STREET ADDRESS **11846 Wildflower Pl**

CITY-ST-ZIP **Tampa, FL 33617**

TITLE **D** **Treasurer**  DELETE

NAME **Judy Rivenbark**

STREET ADDRESS **5342 Bellarmy Bros. Blvd**

CITY-ST-ZIP **Dade City, FL 33525**

TITLE **D** **Secretary**  DELETE

NAME **Mary Kay Hartung**

STREET ADDRESS **8841 Auburn Way**

CITY-ST-ZIP **Tampa, FL 33615**

TITLE **D** **Beard Member**  DELETE

NAME **D. Lynn Jackson**

STREET ADDRESS **4731 Wyo Ave**

CITY-ST-ZIP **Tampa, FL 33616**

TITLE **D** **Chair**  DELETE

NAME **Judith Ochshorn**

STREET ADDRESS **12501-28th St N**

CITY-ST-ZIP **Tampa, FL 33612**

TITLE **D** **Administrator**  DELETE

NAME **Leah Postelnek**

STREET ADDRESS **9810 Overlook Dr.**

CITY-ST-ZIP **Tampa, FL 33617**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Co-Administrator**  Change  Addition

12 NAME **Lori Suevara**

13 STREET ADDRESS **8745 Osage Dr**

14 CITY-ST-ZIP **Tampa, FL 33634**

21 TITLE **Co-Administrator**  Change  Addition

22 NAME **Crysta Metcalf-Ankett**

23 STREET ADDRESS **8062 Deerwood Cir.**

24 CITY-ST-ZIP **Tampa, FL 33610**

31 TITLE **Secretary**  Change  Addition

32 NAME **Susan Lockwood**

33 STREET ADDRESS **1905 Jetton Ave**

34 CITY-ST-ZIP **Tampa, FL 33606**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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**-08/20/97--01062--005**

**\*\*\*\*297.50**  Change  Addition **\*\*\*\*297.50**

**8/2/97**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0505, 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 or as a change, or on an attachment with an address.

SIGNATURE: **Ronha Metcalf** DATE: **6/22/97** (813) 989-9652

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)