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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N43362 (5)
1. Corporation Name
WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY NEEDS, INC.



Principal Place of Business: 4731 WYOMING AVE, TAMPA FL 33616, US
Mailing Address: 4731 WYOMING AVE, TAMPA FL 33616, US

3. Date Incorporated or Qualified: 05/09/1991
4. FEI Number: 59-3062028
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

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
JACKSON, D. LYNN
4731 WYOMING AVENUE
TAMPA FL 33616

10. Name and Address of New Registered Agent
81 Name: Judy Rivenbark
82 Street Address (P.O. Box Number is Not Acceptable): DLB
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		DELETED
TITLE	DC	<input type="checkbox"/>
NAME	METCALF, RONNA	
STREET ADDRESS	11846 WILDFLOWER PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DT	<input type="checkbox"/>
NAME	RIVENBARK, JUDY	
STREET ADDRESS	5342 BELLAMY BROS. BLVD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/>
NAME	JACKSON, D. LYNN	
STREET ADDRESS	4731 WYO. AVE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input type="checkbox"/>
NAME	GUEVARA, LORI	
STREET ADDRESS	8745 OSAGE DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/>
NAME	METCALF-AMKETT, CRYSTAL	
STREET ADDRESS	8062 DEERWOOD CIR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DS	<input type="checkbox"/>
NAME	LOCKWOOD, SUSAN	
STREET ADDRESS	1905 JETTON AVE	
CITY-ST-ZIP	TAMPA FL 33608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: _____ 5/1/98 (812) 338-8557

CR2E037 (10/97)