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Jun 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43362

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3062028
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME METCALF, RONNA		1.2 NAME Betsy Davis	
STREET ADDRESS 11846 WILDFLOWER PL		1.3 STREET ADDRESS 27226 Black Hawk Dr	
ST-ZIP TAMPA FL 33617		1.4 CITY-ST-ZIP Wesley Chapel, FL 33544	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIVENBARK, JUDY		2.2 NAME Mary Lou Harkness	
STREET ADDRESS 5342 BELLAMY BROS. BLVD		2.3 STREET ADDRESS 13511 Palmwood Lane	
ST-ZIP DADE CITY FL 33525		2.4 CITY-ST-ZIP Tampa, FL 33624	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, D. LYNN		3.2 NAME	
STREET ADDRESS 4731 WYO. AVE		3.3 STREET ADDRESS	
ST-ZIP TAMPA FL 33616		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUEVARA, LORI		4.2 NAME	
STREET ADDRESS 8745 OSAGE DR		4.3 STREET ADDRESS	
ST-ZIP TAMPA FL 33634		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METCALF-AMKETT, CRYSTAL		5.2 NAME	
STREET ADDRESS 8062 DEERWOOD CIR		5.3 STREET ADDRESS	
ST-ZIP TAMPA FL 33610		5.4 CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKWOOD, SUSAN		6.2 NAME	
STREET ADDRESS 1905 JETTON AVE		6.3 STREET ADDRESS	
ST-ZIP TAMPA FL 33606		6.4 CITY-ST-ZIP	

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 provided 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, with all other like empowered.

SIGNATURE: [Signature] 6/6/99 (813) 948-2996

CR2E037 (11/98)