


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N43362
1. Entity Name
**WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY
NEEDS, INC.**



Principal Place of Business PO BOX 82184 TAMPA, FL 33682 US	Mailing Address PO BOX 82184 TAMPA, FL 33682 US
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DO NOT WRITE IN THIS SPACE

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02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3062028	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**METCALF, RONNA
2401 BAYSHORE BLVD, 3207
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC METCALF, RONNA 2401 BAYSHORE BLVD #207 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARKNESS, MARY L 13511 PALMWOOD LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYNES, KATIE 221 W. JEAN ST., #2 TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ELIZABETH 6917 N. LYNN AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A DAVIS, BETSY 27226 BLACK HAWK DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80173-004 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronna J. Metcalf* **RONNA J. METCALF** 2/12/04 (813) 250-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #