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FILED  
Jun 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003705 (8)  
1. Corporation Name

ALL WOMEN'S FAMILY PLANNING CENTER, INC.



Principal Place of Business

Mailing Address

2106 DREW ST SUITE 103  
CLEARWATER FL 34625

2106 DREW ST SUITE 103  
CLEARWATER FL 34625-3290

3. Date Incorporated or Qualified  
07/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

Applied For

31-1479850 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

10. Name and Address of New Registered Agent

OWENS, DEZRA  
2106 DREW ST SUITE 103  
CLEARWATER FL 34625

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME DRESDEN, GARY A  
STREET ADDRESS 2106 DREW ST SUITE 103  
CITY-ST-ZIP CLEARWATER FL 34625

1.1 TITLE Change Addition

TITLE D DELETE

NAME TICKTIN, HAROLD J  
STREET ADDRESS 2106 DREW ST SUITE 103  
CITY-ST-ZIP CLEARWATER FL 34625

1.2 NAME Change Addition

TITLE D DELETE

NAME MILLER, MELINDA S  
STREET ADDRESS 2106 DREW ST SUITE 103  
CITY-ST-ZIP CLEARWATER FL 34625

1.3 STREET ADDRESS Change Addition

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP Change Addition

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE D DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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.

MELINDA R. MILLER

CR2E037 (9/96)