

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003705

1. Entity Name
ALL WOMEN'S FAMILY PLANNING CENTER, INC.



Principal Place of Business

2106 DREW ST SUITE 103
CLEARWATER, FL 33765 US

Mailing Address

2106 DREW ST SUITE 103
CLEARWATER, FL 33765 US



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1479850

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, DEZRA
2106 DREW ST SUITE 103
CLEARWATER, FL 33765

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE DPS
NAME RYGIEL, ROBIN
STREET ADDRESS 2106 DREW ST., SUITE 103
CITY-ST-ZIP CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000174712
01/10/05-80022-006 61.25

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IN THIS SPACE**

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:

Melinda S. Miller MELINDA S. MILLER

1/05/05 727/442-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #