


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003705 1. Entity Name ALL WOMEN'S FAMILY PLANNING CENTER, INC.	
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Principal Place of Business 2106 DREW ST SUITE 103 CLEARWATER, FL 33765 US	Mailing Address 2106 DREW ST SUITE 103 CLEARWATER, FL 33765 US
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1479850	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRESDEN, GARY A 2106 DREW ST SUITE 103 CLEARWATER, FL 34625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MILLER, MELINDA S 2106 DREW ST SUITE 103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RYGIEL, ROBIN 2106 DREW ST., SUITE 103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/13/06-80073-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 V.P./TREASURER 3/29/06 727-442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #