


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003705</b>		
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	



04022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1479850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000823957 04/17/08-80024-017 61.25
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 MELINDA S MILLER V.P/TREAS. 4/2/08 727-442-0441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #