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Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000005772 (6)
1. Corporation Name

EVE FOR WOMEN, INC.



Principal Place of Business Mailing Address
P.O. BOX 4585 P.O. BOX 4585
OCALA FL 34478 Ocala FL 34478

2. Principal Place of Business 2a. Mailing Address
21 Ocala, FL 26 P.O. Box 4585
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ocala, FL 28 Ocala, FL
Zip Country Zip Country
24 34478 25 USA 29 34478 30 USA

3. Date Incorporated or Qualified
11/12/1996
4. FEI Number 59-3411683 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

BROWN, PAMELA A
7 EAST SILVER SPRINGS BLVD.
SUITE 204
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name Elaine B. Moore
82 Street Address (P.O. Box Number is Not Acceptable)
11905 Riverhaven Dr.
83 [REDACTED]
84 City Lecanto FL 85 Zip Code 34460

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 Elaine B. Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HOOKS, ARLEEN	250 SW 41ST AVE	OCALA FL	<input type="checkbox"/>
DS	MOORE, ELAINE	11905 RIVERHAVEN DR	LECANTO FL	<input type="checkbox"/>
D	SMITH, CHERYL	1602 N.W. 20TH COURT	OCALA FL 34475	<input type="checkbox"/>
D	MEYERS, LINDA	9305 SE MARICAMP RD	OCALA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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.

SIGNATURE: Elaine B. Moore 4-28-98 3571211164

CR2E037 (10/97)