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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001845 (3)

1. Corporation Name
WOMEN MUSICIANS' ALLIANCE, INC.

Principal Place of Business 923 23 AVENUE NORTH ST. PETERSBURG FL 33704-3225	Mailing Address P.O. BOX 13708 TAMPA FL 33681-3708
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2. Principal Place of Business 21	2a. Mailing Address 26 Po Box 505
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LARGO, FL.
Zip 24	Country 25
29 33779-0505	30 U.S.A.

9. Name and Address of Current Registered Agent

KLEIN, DONNA J "D"
923 23 AVENUE NORTH
ST. PETERSBURG FL 33704-3225

3. Date Incorporated or Qualified 03/31/1997
4. FEI Number 59-346-8381
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	TREASURER "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MINDY SIMMONS
STREET ADDRESS		1.3 STREET ADDRESS	3874 Wolverine St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ailly Smith "D"
STREET ADDRESS		2.3 STREET ADDRESS	113 Fredrick Dr. N.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL. 33755
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Correspondance Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JANET GOODMAN "D"
STREET ADDRESS		3.3 STREET ADDRESS	1955 Starkey Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____

CP2E037 (10/97)