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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90070 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001845

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 505 LARGO FL 33779-0505 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/31/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3468381
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KLEIN, DONNA J 923 23 AVENUE NORTH ST. PETERSBURG FL 33704-3225	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMONS, MINDY		1.2 NAME	
STREET ADDRESS 3874 WOLVERINE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34232		1.4 CITY-ST-ZIP	
TITLE RSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Legal Consultant/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, ALLY		2.2 NAME Kleinberg, Lisa	
STREET ADDRESS 113 FREDRICA DR N		2.3 STREET ADDRESS 2075 Main St. Suite 1A	
CITY-ST-ZIP CLEARWATER FL 33755		2.4 CITY-ST-ZIP SARASOTA, Fla 34327	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODMAN, JANET		3.2 NAME	
STREET ADDRESS 1955 STARKEY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		3.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/26/99 (94)371-1433

CR2E037 (11/98)