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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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558263 - 90023 - 30

DOCUMENT # N98000001820

1. Corporation Name
WOMEN ON THE MOVE, INCORPORATED

Principal Place of Business	Mailing Address
7014 N. CENTER DRIVE TAMPA FL 33604	7014 N. CENTER DRIVE TAMPA FL 33604

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 03/27/1998

4. FEI Number: 59-3538811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLACE, THERESA 7014 N. CENTER DRIVE TAMPA FL 33604	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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.

X SIGNATURE: Theresa Wallace President — Registered Agent DATE: 4-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	WALLACE, THERESA		1.2 NAME	Wallace, Theresa	
STREET ADDRESS	7014 N. CENTER DRIVE		1.3 STREET ADDRESS	7014 N. Center Dr	
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President, Secretary	☐ Change ☒ Addition
NAME	PARHAM, JEANETTE		2.2 NAME	Parham, Jeanette	
STREET ADDRESS	1734 26 AVE.		2.3 STREET ADDRESS	1734 26th Ave.	
CITY-ST-ZIP	TAMPA FL 33605		2.4 CITY-ST-ZIP	Tampa, FL 33605	
TITLE	D	☒ DELETE	3.1 TITLE	Treasurer 3808 Norfolk St.	☐ Change ☐ Addition
NAME	SIMMONS, WILLIE M		3.2 NAME	Simmons, Willie Mae	
STREET ADDRESS	3808 NORFOLK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		3.4 CITY-ST-ZIP	Tampa, Fla. 33604	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, DESIREE		4.2 NAME		
STREET ADDRESS	7014 N. CENTER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: Theresa Wallace President + Secretary 4-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #