

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90056 042 ****61.25

DOCUMENT # N 9800000 4538

1. Corporation Name

A-Z Women Center, Inc.

Principal Place of Business

Mailing Address

618 Riomar Ave.
Orlando, FL 32828

P.O. Box 948291
Maitland, FL
32794

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 25 U.S.

29 30 U.S.

3. Date Incorporated or Qualified

8/8/98

4. FEI Number

59-3523329

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

Stephanie Jackson
1806 Bobtail Drive
Orlando, FL 32810

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Pres/CEO
NAME Stephanie Jackson
STREET ADDRESS 1806 Bobtail Drive
CITY-ST-ZIP Orlando, FL 32810

1.1 TITLE Caroline Gertz
1.2 NAME Caroline Gertz
1.3 STREET ADDRESS 1050 Seminole Ave
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE V.P. of Finance
NAME Greg Mizell
STREET ADDRESS 1609 Softwind
CITY-ST-ZIP Maitland, FL 32751

2.1 TITLE Katherine Chatman
2.2 NAME Katherine Chatman
2.3 STREET ADDRESS 1177 C Paseo del Mar
2.4 CITY-ST-ZIP Casselberry, FL 32707

TITLE Stanley Halbert, Esq.
NAME Stanley Halbert, Esq.
STREET ADDRESS 227 N. Magnolia Ave
CITY-ST-ZIP Orlando, FL 32801

3.1 TITLE Margaret Carter
3.2 NAME Margaret Carter
3.3 STREET ADDRESS 1137 Autumn Brook Circle
3.4 CITY-ST-ZIP Longwood, FL 32750

TITLE T.J. Dorsey D.D.S., P.A.
NAME T.J. Dorsey D.D.S., P.A.
STREET ADDRESS 708 W. Jackson St.
CITY-ST-ZIP Orlando, FL 32805

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Barbara Ansar
NAME Barbara Ansar
STREET ADDRESS 998 Hamlet Ct.
CITY-ST-ZIP Maitland, FL 32794

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Lori McDowell
NAME Lori McDowell
STREET ADDRESS 1101 E. Colonial Ave
CITY-ST-ZIP Orlando, FL 32801

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie Jackson 5/10/99 407-275-2500

CR2E037 (11/98)