

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90044 041 ****61.25

DOCUMENT # N99000005169

1. Entity Name

A WOMAN'S RESOURCE CENTER, INC.

Principal Place of Business

**640 W JEFFERSON ST
 BROOKSVILLE FL 34601**

Mailing Address

**640 W JEFFERSON ST
 BROOKSVILLE FL 34601**

80047060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3596705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, STEPHANIE M
 640 W JEFFERSON ST
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Stephanie M Knight

3-7-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HEINECKE, PHILIP | |
| STREET ADDRESS | 9346 WALLIEN DR. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | KNIGHT, SCOTT | |
| STREET ADDRESS | 18224 BENES ROUSH RD. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | RESSEL, CYNTHIA | |
| STREET ADDRESS | 11117 CINDY DR. | |
| CITY-ST-ZIP | FLORAL CITY FL 34436 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ressel, Cynthia | |
| STREET ADDRESS | 11117 Cindy Drive | |
| CITY-ST-ZIP | Brooksville, FL 34601 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Turner, Jim | |
| STREET ADDRESS | 9207 Gerona Street | |
| CITY-ST-ZIP | Spring Hill, FL 34608 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Perry, Charles | |
| STREET ADDRESS | 8916 E. Floral Acre Ct. | |
| CITY-ST-ZIP | Floral City, FL 34436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Perry
CHARLES PERRY REQUIRED

3-7-02

352-544-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)