

FILE NOW: FILING FEE AFTER MAY 1ST IS ~~\$250.00~~

NON-PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

20 JUL 12 PM 1:34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N21804 (2)

1. Corporation Name COUNSELING SERVICES FOR WOMEN

Principal Place of Business: 34 EAST 32nd St., 11 FL New York, N.Y. 10016  
Mailing Address: POB 1127 Murray Hill Sta. New York, NY 10156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987  
4. FEI Number: 58-1744807  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

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

9. Name and Address of Current Registered Agent: VILLANO, DAVID 2453 INAGUA AVE. MIAMI, FL 33133

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David Villano (Signature, typed or printed name of registered agent and title if applicable) DATE: (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	MUNDAY, VIRGINIA LCSW	
STREET ADDRESS	475 W. 57th St., Apt. 24-B2	
CITY-ST-ZIP	NEW YORK, N.Y. 10019	<input type="checkbox"/> DELETE
TITLE	SD - THOMAS BELLUCCI	
STREET ADDRESS	1718 M St., N.W., SUITE 345	
CITY-ST-ZIP	WASHINGTON, D.C. 20036	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GERALD WADE	
STREET ADDRESS	2630 S.W. 27th Ave., SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID VILLANO	
STREET ADDRESS	2453 INAGUA AVE.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	200002939182--6
23 STREET ADDRESS	-07/22/99--01091--026
24 CITY-ST-ZIP	*****70.00 *****70.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, 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: Virginia Munday (Signature) 7/10/99 (212) 696-8930

CR2E034 (11/98)