

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90021 049 \*\*\*\*70.00

DOCUMENT # N0000002807			
1. Entity Name SUCSESSES UNLIMITED WOMEN & YOUTH BUSINESS CENTER, INC.		Principal Place of Business 1175 PINELLAS POINT DRIVE SOUTH APT 351 SAINT PETERSBURG, FL 33705	
Mailing Address P.O. BOX 16464 ST PETERSBURG, FL 33733-6464		2. Principal Place of Business <i>937 Union Street So.</i>	
3. Mailing Address <i>P.O. Box 16464</i>		Suite, Apt. #, etc.	
City & State <i>St. Petersburg, FL</i>		City & State <i>St. Petersburg, FL</i>	
Zip <i>33712</i>		Country <i>U.S.A.</i>	
4. FEI Number 59-3610171		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02282004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MCRAE, FREDDIS DR. 1099 5TH AVENUE NORTH SUITE 210 SAINT PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name <i>McRae, Freddie Dr.</i> Street Address (P.O. Box Numbers Not Acceptable) <i>1099 5th Avenue North</i> <i>Suite 210</i> City <i>St. Petersburg</i> FL Zip Code <i>33705</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LASSITER, THERESE A <input type="checkbox"/> Delete 1175 PINELLAS PT. DR. S BLDG. 37 APT 351 SAINT PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Lassiter, Theresa A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>937 Union St. So.</i> <i>St. Petersburg, FL 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN, FAITH <input checked="" type="checkbox"/> Delete 2019 ANASTASIA WAY SOUTH SAINT PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frazier, Alma <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2300 26th Street South</i> <i>St. Petersburg, FL 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOHNSON, VALERIE <input checked="" type="checkbox"/> Delete 3650 41ST WAY SOUTH UNIT E SAINT PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Bennett, Rodney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>658 60th Avenue South</i> <i>St. Petersburg, FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUCKETT, GREGORY <input checked="" type="checkbox"/> Delete 1500 ALHAMBRA WAY SO SAINT PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Winkler, Kathleen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3308 Foxridge Circle</i> <i>Tampa, FL 33618</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD VAUGHN-JEMISON, ADELLE <input type="checkbox"/> Delete 335 MADISON ST SO SAINT PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SEVERINA, BRUCE <input type="checkbox"/> Delete 335 31ST STREET SOUTH SAINT PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD Severino, Bruce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>335 31st Street South</i> <i>St. Petersburg, FL 33711</i>
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: <i>Theresa A. Lassiter</i>		Date <i>04-19-04</i> Daytime Phone # <i>(727) 894-5502</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	