

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

01-25-2001 90221 009 ****61.25

DOCUMENT # N29435

1. Entity Name

A WOMAN'S PLACE MINISTRIES, INC.

Principal Place of Business

Mailing Address

4311 W WATERS
 202
 TAMPA FL 33614

4311 W WATERS
 202
 TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

2901 Busch Lake Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

DO NOT WRITE IN THIS SPACE
 59-2957640

25-4921272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYTON, PATRICIA
 4344 W WATERS
 SUITE 202
 TAMPA FL 33614

Name

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

2901 Busch Lake Blvd

City

Tampa FL

FL

33614

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

Patricia K Layton Patricia K Layton

1/12/01

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

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARSILYN THINDERS	
STREET ADDRESS	15142 NIGHTHAWK DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DULLE, JAMES	
STREET ADDRESS	15017 LAUREL COVE CT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DULLE, SHERRY	
STREET ADDRESS	15017 LAUREL COVE CT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAYTON, PATRICIA	
STREET ADDRESS	14520 THORNFIELD CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	Chairman	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		ESLEY Bateman		
STREET ADDRESS		2410 W. Sunset Dr		
CITY-ST-ZIP		Tampa FL 33629		
TITLE	D	Vice Chairman	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		Alice Baulosa		
STREET ADDRESS		402 Hubert Ave S.		
CITY-ST-ZIP		Tampa FL 33629		
TITLE	D	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		Marilyn Thinders		
STREET ADDRESS		15142 Nighthawk Dr		
CITY-ST-ZIP		Tampa FL 33625		
TITLE	D	Treasurer	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		Julie Tapponi		
STREET ADDRESS		6005 Fairway Palms Ct		
CITY-ST-ZIP		Tampa FL 33647		
TITLE		President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		Patricia K Layton		
STREET ADDRESS		14520 Thornfield Ct		
CITY-ST-ZIP		Tampa, FL 33624		
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:

SIGNATURE OF OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (813) F31-1804

Date

Daytime Phone #

CR2E037 (10/00)