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**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90001 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N41801

1. Corporation Name  
**YOUNG MOTHER'S LEAGUE OF ST. PETERSBURG, INC.**

Principal Place of Business Mailing Address  
 1901 79TH ST S P. O. BOX 7415  
 ST. PETERSBURG FL 33707 ST. PETE FL 33734  
 US US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
		26	P.O. Box 7415		01/24/1991
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number
					NOT APPLICABLE
23	City & State	28	City & State	5.	Certificate of Status Desired
			St Petersburg FL		<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing
			33734		<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country		Trust Fund Contribution
			USA		<input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMMONS, JOANNE 1901 79TH ST S ST. PETERSBURG FL 33707				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	Zip Code
					SONIA PFIZENMAIR	FL	33704
					856 BEACH DRIVE NE		
					ST PETERSBURG		
					ST PETERSBURG		

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]* **SONIA PFIZENMAIR** DATE 6/2/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	H	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CONLEY, ANDREAU		1.2 NAME	SONIA PFIZENMAIR			
STREET ADDRESS	2210 12TH ST N		1.3 STREET ADDRESS	856 BEACH DRIVE NE			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DU	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOANNE SIMMONS		2.2 NAME	Beth Lindenberg			
STREET ADDRESS	1901 79TH STREET, S.		2.3 STREET ADDRESS	1630 14th Street North			
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DENISE METCALFE		3.2 NAME	JOANNE SIMMONS			
STREET ADDRESS	1942 CAROLINA AVE		3.3 STREET ADDRESS	1091 79th Street South			
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, DENISE		4.2 NAME	ANDREA CONLEY			
STREET ADDRESS	1926 NEW HAMPSHIRE AVE NE		4.3 STREET ADDRESS	2210 12th Street North			
CITY-ST-ZIP	ST PETERSBURG FL 33703		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33704			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED** DATE 6/2/99 DAYTIME PHONE # 894 5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)