

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90620 028 ****61.25

DOCUMENT # N47444

1. Entity Name

WOMAN'S RELIEF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BALBRIDGE N #101
 10240 COLLINS AVE
 BAL HARBOUR FL 33154
 US

BALBRIDGE N #101
 10240 COLLINS AVE
 BAL HARBOUR FL 33154
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0653313

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

CAROL ADAMS
 BALBRIDGE N #101
 10240 COLLINS AVE
 BAL HARBOUR FL 33154

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 JAQUYLYN M NOELL
 1205 NE 95TH ST
 MIAMI SHORES FL 33138 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 J. V. P.
 MADELINE BARBECOCK
 301 NE 93 Street
 Miami Shores, Fla 33138 ☐ Change ☒ Addition
 305 754. 6383

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 NORMA JEAN MERCER
 990 NE 97TH ST
 MIAMI FL 33138 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 C.S.
 MRS. ANN T. ASTOR (Mrs. Edmond)
 2000 Towerade Terrace #1402
 Miami Fla 33138 ☐ Change ☒ Addition
 305 895 8715

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 MABLE MEAD
 311 HIBISCUS DR
 MIAMI SPRGS FL 33166 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RS
 CONNIE BISCHOFF
 9879 NE 13 AVE
 MIAMI SHORES FL 33138 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CS
 MARION SPEIER
 600 BILTMORE WAY #507
 CORAL GABLES FL 33134 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 CAROL ADAMS
 BAL BRIDGE N #101
 BAL HARBOUR FL 33154 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Carroll Adams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-2001 305 864-7560
 Date Daytime Phone #

CR2E037 (10/00)