

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

01-23-2001 90039 050 ****61.25

0012030

DOCUMENT # N97000000727

1. Entity Name

WOMAN'S SERVICE LEAGUE, INC. OF ST. PETERSBURG,

Principal Place of Business

Mailing Address

GLADYS L. ROCK
15630 GULF BLVD.
REDINGTON BEACH FL 33708-1730
US

GLADYS L. ROCK
15630 GULF BLVD.
REDINGTON BEACH FL 33708-1730
US



2. Principal Place of Business

3. Mailing Address

(Mrs) Charley Williams

(Mrs.) Charley Williams

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1115 42nd Ave NE

1115 42nd Ave NE

City & State

City & State

St Petersburg FL

St Petersburg FL

4. FEI Number **59-3465477**

Applied For -

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country
33703 5825 U S

Zip Country
33703 5825 U S

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

ROCK, GLADYS L
15630 GULF BLVD
REDINGTON BLACK FL 33708-1730

Name
(Mrs) Charley Williams
 Street Address (P.O. Box Number is Not Acceptable)
1115 42nd Ave NE
 City **St Petersburg** **FL** Zip Code **33703 5825**

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 *Mrs. Charley Williams* **(Mrs) Charley Williams President 7/12/01**
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
After September 12, 2001, min. will be \$236.25

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	1VP RUSCH, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	624 QUINTANA PLACE N.E.	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33703-3128	
TITLE NAME	PD ROCK, GLADYS I	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15630 GULF BLVD	
CITY-ST-ZIP	REDINGTON BCH FL 33708	
TITLE NAME	VD HUDSON, EARLINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4601 CHANCELLOR ST	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE NAME	T HART, JEANCAROL	<input type="checkbox"/> Delete
STREET ADDRESS	6550 - 2ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE NAME	S LAMB, MARY ELLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4550 YARDLEY AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE NAME	2VP FARINA, MARJORIE	<input type="checkbox"/> Delete
STREET ADDRESS	4825 DEL RIO WAY SO.	
CITY-ST-ZIP	GULFPORT FL 33711	

TITLE NAME	1VPD Rosemary Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 Beach Dr SE	
CITY-ST-ZIP	St Petersburg FL 33701	
TITLE NAME	PD (Mrs) Charley Williams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1115 42nd Ave NE	
CITY-ST-ZIP	St Petersburg FL 33703	
TITLE NAME	2VPD Joan Meete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2464 W Granada Cir So	
CITY-ST-ZIP	St Petersburg FL 33712 3925	
TITLE NAME	3VPD Dorothy Rusch	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	624 Quintana PL NE	
CITY-ST-ZIP	St Petersburg FL 33703 3128	
TITLE NAME	Secretary Marjorie Farina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4825 Del Rio Way So	
CITY-ST-ZIP	Gulfport FL 33711	

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 *Jeancarol Hart* **Jeancarol Hart Treas** 727 343 3050

CP2E037 (5/01)

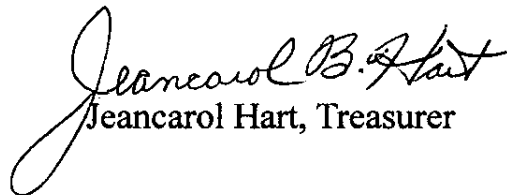
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

June 10, 2001

Ref: Document #N97000000727

I am inclosing a revised report. Your letter in January was never turned over to me, Jeancarol Hart, Treasurer, for further information. Our check was validated on 1/23/01 and copy enclosed. Please send all correspondence on this matter to me, Jeancarol Hart, Treasurer, 6550 2nd Ave. No., St. Petersburg, Fl. 33710.

I hope this will clear this up for now. Thank you.


Jeancarol Hart, Treasurer

