

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90040 026 ****61.25

DOCUMENT # N97000000727

1. Entity Name

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

Principal Place of Business

Mailing Address

(MRS.) CHARLEY WILLIAMS
 1115 42ND AVENUE NE
 SAINT PETERSBURG FL 33703
 US

(MRS.) CHARLEY WILLIAMS
 1115 42ND AVENUE NE
 SAINT PETERSBURG FL 33703
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3465477

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CHARLEY MRS
1115 42ND AVENUE NE
SAINT PETERSBURG FL 33703-5825

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 MRS. CHARLEY WILLIAMS

1-15-02

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 Delete
 NAME **1VPD JOHNSON, ROSEMARY**
 STREET ADDRESS **1 BEACH DRIVE SE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE Change Addition
 NAME **1VPD BRANTLEY, VERA**
 STREET ADDRESS **2012 MICHIGAN AVE, N.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL - 33703**

TITLE Delete
 NAME **PD WILLIAMS, CHARLEY MRS**
 STREET ADDRESS **1115 42ND AVENUE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **2VPD NEET, JOAN**
 STREET ADDRESS **2464 W GRANADA CIRCLE SO.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712-3925**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HART, JEANCAROL**
 STREET ADDRESS **6550 - 2ND AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **3VPD BUSCH, DOROTHY**
 STREET ADDRESS **624 QUINTANA PLACE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703-3128**

TITLE Change Addition
 NAME **3VPD RUSCH, DOROTHY**
 STREET ADDRESS **624 QUINTANA PL, N.E.**
 CITY-ST-ZIP **SAINT PETERSBURG FL - 33703 - 3128**

TITLE Delete
 NAME **S FARINA, MARJORIE**
 STREET ADDRESS **4825 DEL RIO WAY SO.**
 CITY-ST-ZIP **GULFPORT FL 33711**

TITLE Change 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: Jeancarol B. Hart

1-15-02

(927) 343-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (9/01)