


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90012 042 ****61.25

DOCUMENT #: N9700000727

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



Principal Place of Business
 (MRS.) *Sheila Tempelmann*
 (MRS.) CHARLEY WILLIAMS
 1115 42ND AVENUE NE
 SAINT PETERSBURG FL 33703
 US

Mailing Address
 (MRS.) *Sheila Tempelmann*
 (MRS.) CHARLEY WILLIAMS
 1115 42ND AVENUE NE
 SAINT PETERSBURG FL 33703
 US

54007359



MOORE CR2E037 (11/03)

2. Principal Place of Business
 4951 BACOPA LN.
 Suite, Apt. #, etc. #503

3. Mailing Address
 4951 BACOPA LN.
 Suite, Apt. #, etc. #503

City & State *ST. PETERSBURG FL*
~~TERRA VERDE, FL~~

City & State *ST. PETERSBURG FL*
~~TERRA VERDE, FL~~

Zip Country 33715 US

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4. FEI Number 59-3465477

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEXTON, BARBARA
 612 QUINTANA PL. NE
 SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name *Sheila Tempelmann*

Street Address (P.O. Box Number is Not Acceptable)
 4951 BACOPA LN. #503

City *ST. PETERSBURG FL* Zip Code *33715*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sheila Tempelmann*

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	TEMPELMANN, SHEILA	
STREET ADDRESS	4951 BACOPA LN. #503	
CITY-ST-ZIP	TERRA VERDE FL 33715	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, BARBARA	
STREET ADDRESS	612 QUINTANA PL. NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	NEET, JOAN	
STREET ADDRESS	2464 W GRANADA CIRCLE SO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712-3925	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JEANCAROL	
STREET ADDRESS	6550 - 2ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	3VPD	<input type="checkbox"/> Delete
NAME	EMMET, ALICE	
STREET ADDRESS	2651 66TH WAY N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FARINA, MARJORIE	
STREET ADDRESS	4825 DEL RIO WAY SO.	
CITY-ST-ZIP	GULFPORT FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY POYNTER	
STREET ADDRESS	100 BEACH DR. N.E #1103	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA BRANTLY	
STREET ADDRESS	679 VALLANCE WAY N.E	
CITY-ST-ZIP	ST. PETERSBURG FL - 33716	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA TEMPELMANN	
STREET ADDRESS	4951 BACOPA LN #503	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
TITLE	3VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIE McQUEEN	
STREET ADDRESS	950 39th Ave N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERN CHAYTON	
STREET ADDRESS	1915 BAYOU GRANDE BLVD. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL - 33703	

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, Treasurer* 2/10/04 727-343-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #