

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-27-2003 90371 013 ****61.25

1/27

3, NOT-FOR-PROFIT CORPORATION
IFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000727



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

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

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

55011500



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3465477		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 SEXTON, BARBARA			
				Street Address (P.O. Box Number is Not Acceptable)			
				612 Quintana Pl. NE			
				City St. Petersburg		FL	

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 *Barbara Sexton* 2-23-03
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD VERA, BRANTLY 2012 MICHIGAN AVE NE SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Sheila Tempelmann 4951 Bacopa Ln #503 Terra Verde, FL 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, CHARLEY MRS 1115 42ND AVENUE NE SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barbara Sexton 612 Quintana Pl NE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD NEET, JOAN 2464 W GRANADA CIRCLE SO. SAINT PETERSBURG FL 33712-3925	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St. Petersburg, Fl. 3370	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, JEANCAROL 6550 - 2ND AVE N ST PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD BUSCH, DOROTHY 624 QUINTANA PLACE NE SAINT PETERSBURG FL 33703-3128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VP Alice Emmet 2651 66th Way N St. Petersburg, fl. 33710	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINA, MARJORIE 4825 DEL RIO WAY SO. GULFPORT FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEANCAROL HART **2-22-03 727-343-3050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)