

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47444

1. Entity Name

WOMAN'S RELIEF ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90132 032 ****61.25

Principal Place of Business

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

Mailing Address

BALBRIDGE N #101
10240 COLLINS AVE
BAL HARBOUR FL 33154-1431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0653313

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
NAME **BP KPD**
STREET ADDRESS **JAGULYN M NOELL**
CITY-ST-ZIP **1205 NE 95TH ST**
MIAMI SHORES FL 33138

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

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

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

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

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

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

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

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

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

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

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:

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

Date

Daytime Phone #

1-10-2000

305-864-7560

CR2E037 (9/99)