

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 25, 2002 8:00 am  
Secretary of State

01-16-2002 90270 037 \*\*\*\*61.25

DOCUMENT # **N47444**

1. Entity Name

WOMAN'S RELIEF ASSOCIATION, INC. ✓

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  
US

14288

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAROL ADAMS  
BALBRIDGE N #101  
10240 COLLINS AVE  
BAL HARBOUR FL 33154

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	V. Pres	<input type="checkbox"/> Delete
NAME	JACULYN M NOELL	Director
STREET ADDRESS	1205 NE 95TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D. President	<input type="checkbox"/> Delete
NAME	NORMA JEAN MERCER	Director
STREET ADDRESS	990 NE 97TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	BABCOCK, MADELINE	
STREET ADDRESS	301 NE 93 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	RS	<input type="checkbox"/> Delete
NAME	CONNIE BISCHOFF	
STREET ADDRESS	9879 NE 13 AVE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	CS	<input type="checkbox"/> Delete
NAME	ASTOR, ANN T	
STREET ADDRESS	2000 TOROCALE TERRACE # 1402	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	CAROL ADAMS	Director
STREET ADDRESS	BAL BRIDGE N #101	
CITY-ST-ZIP	BAL HARBOUR FL 33154	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Adams* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2002 305864.7560

Date

Daytime Phone

CR2E037 (9/01)