## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002807

Entity Name: SUCCESSES UNLIMITED WOMEN & YOUTH BUSINESS

CENTER, INC.

963 27TH AVENUE SOUTH SAINT PETERSBURG, FL 33705

## **Current Mailing Address:**

P.O. BOX 16464

SAINT PETERSBURG, FL 33733-6464

**Current Principal Place of Business:** 

FEI Number: 59-3610171 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MCRAE, FREDDIE DR 603 7TH STREET SOUTH SUITE 520 SAINT PETERSBURG, FL 33701 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title PD

LASSITER, THERESA A Name Name TAYLOR, LORETTA 3008 MELROSE AVENUE SOUTH 2528 14TH AVE SOUTH Address Address

City-State-Zip: SAINT PETERSBURG FL 33712 City-State-Zip: SAINT PETERSBURG FL 33712

Title TD Title **VPS** 

DAVIS. RUTH Name Name SULLIVAN, MARSHAL

Address 2586 59TH AVE SOUTH Address 4365 TROUT DRIVE S. E. City-State-Zip: ST PETERSBURG FL 33712 SAINT PETERSBURG FL 33705 City-State-Zip:

Title **BMD** Title BMD

Name GILBERT, ELIJAH Name HILDEGARDE, SHIRLEY Address 2820 58TH CIRCLE SO Address 5262 SALMON DR. S. E. #B

City-State-Zip: SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33705 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 11, 2013

**Secretary of State** 

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