### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000727

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

**FILED** Apr 16, 2015 **Secretary of State** CC8907304605

## **Current Principal Place of Business:**

2209 PASADENA PLACE SO. GULFPORT, FL 33707

# **Current Mailing Address:**

MRS. JEANCAROL HART 6550 2ND AVE N SAINT PETERSBURG, FL 33710 US

FEI Number: 59-3465477 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

PAONESSA, BARBARA 2209 PASADENA PLACE SO. GULFPORT, FL 33707 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: BARBARA PAONESSA

04/16/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

V-1 V-2 Title Title

Name JAICKS, JOAN Name MIKURAK, ELAINE

Address 459 BAYVIEW DR. NE Address 400 BEACH DR. 703

6550 2ND AVE N

Address

City-State-Zip: ST. PETERSBURG FL 33704 City-State-Zip: SAINT PETERSBURG FL 33701

Title

Title Т GABE, MAUREEN Name

Name HART, JEANCAROL B 6250 KIPPS CT. S. Address

City-State-Zip: ST PETERSBURG FL 33710 City-State-Zip: **GULFPORT FL 33707** 

Title **SEC** Title **PRES** 

Name BLACKWELL, BETSY Name PAONESSA, BARBARA Address 462 DATE PALM CT. NE Address 2209 PASADENA LANE City-State-Zip: ST. PETERSBURG FL 33703

City-State-Zip: **GULFPORT FL 33707** 

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.

SIGNATURE: JEANCAROL B. HART

TREASURER

04/16/2015