

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000420

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: MARY'S OUTREACH FOR WOMEN, INC.

**Current Principal Place of Business:**

4144 CENTRAL AVE, STE A  
ST. PETERSBURG, FL 33711 US

**New Principal Place of Business:**

**Current Mailing Address:**

4144 CENTRAL AVE, STE A  
ST. PETERSBURG, FL 33711 US

**New Mailing Address:**

FEI Number: 59-3613503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASON, LINDA  
6170 62ND STREET NORTH  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MASON, LINDA L  
Address: 6170 62ND STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: SEC. ( ) Delete  
Name: CLARK, ELAINE  
Address: 790 39TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: V.P. ( ) Delete  
Name: NOWAKOWSKI, IRENE  
Address: 5821 GULFPORT BLVD S.  
City-St-Zip: GULFPORT, FL 33707

Title: T ( ) Delete  
Name: LESFORIS, FEDELIS  
Address: 8129 PERTH DRIVE  
City-St-Zip: LARGO, FL 34643

Title: AB ( ) Delete  
Name: DONAHOE, LIL  
Address: 880 OLEANDER WAY S. APT. 703  
City-St-Zip: SOUTH PASADENA, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA MASON

DR.

02/05/2009

Electronic Signature of Signing Officer or Director

Date