

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 026 \*\*\*\*70.00

**DOCUMENT # N00000002807**

1. Entity Name  
**SUCCESSES UNLIMITED WOMEN & YOUTH BUSINESS  
CENTER, INC.**



Principal Place of Business  
**937 UNION STREET SO.  
SAINT PETERSBURG, FL 33712**

Mailing Address  
**P.O. BOX 16464  
SAINT PETERSBURG, FL 33733-6464**



2. Principal Place of Business  
**937 Union Street South**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 16464**  
Suite, Apt. #, etc.

05062006 Chg-NP CR2E037 (4/06)

City & State  
**St. Petersburg**  
Zip  
**33712**  
Country  
**U.S.**

City & State  
**St. Petersburg**  
Zip  
**33733-6464**  
Country  
**U.S.**

4. FEI Number  
**59-3610171**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCRAE, FREDDIE DR  
1099 5TH AVENUE NORTH  
SUITE 210  
SAINT PETERSBURG, FL 33705**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
LASSITER, THERESE A  
937 UNION ST. SO.  
SAINT PETERSBURG, FL 33712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
TAYLOR, LORETTA  
2528 14TH AVE SOUTH  
SAINT PETERSBURG, FL 33712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
NASTASIAK, TOM  
1475 75TH CIRCLE NE  
SAINT PETERSBURG, FL 33702** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WINKLER, KATHLEEN  
3308 FOXRIDGE CIRCLE  
TAMPA, FL 33618** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BMD  
VAUGHN-JEMISON, ADELLE  
335 MADISON ST SO  
SAINT PETERSBURG, FL 33711** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BMD  
MILLER, DOROTHEA B  
806 15TH AVENUE SLOUTH  
SAINT PETERSBURG, FL 33701** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**VPS  
Minnie Killens  
1222 21st Ave. So.  
St. Petersburg, FL 33705**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Theresa A. Lassiter, CEO* **05/11/06 (727) 894-6295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #