

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90090 025 \*\*\*\*70.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N00000002807</b><br>1. Entity Name<br><b>SUCSESSES UNLIMITED WOMEN &amp; YOUTH BUSINESS CENTER, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>937 UNION STREET SO.<br/>SAINT PETERSBURG, FL 33712</b>  |   |   | Mailing Address<br><b>P.O. BOX 16464<br/>SAINT PETERSBURG, FL 33733-6464</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>59-3610171</b>   |  |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCRAE, FREDDIE DR<br/>1099 5TH AVENUE NORTH<br/>SUITE 210<br/>SAINT PETERSBURG, FL 33705</b>   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CEO<br/>LASSITER, THERESE A<br/>937 UNION ST. SO.<br/>SAINT PETERSBURG, FL 33712</b> <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>TAYLOR, LORETTA<br/>2528 14TH AVE SOUTH<br/>SAINT PETERSBURG, FL 33712</b> <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPS<br/>KILLENS, MINNIE<br/>1222 21ST AVE SO<br/>SAINT PETERSBURG, FL 33705</b> <input type="checkbox"/> Delete                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>WINKLER, KATHLEEN<br/>3308 FOXRIDGE CIRCLE<br/>TAMPA, FL 33618</b> <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>BMD<br/>VAUGHN-JEMISON, ADELLE<br/>335 MADISON ST SO<br/>SAINT PETERSBURG, FL 33711</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <b>BMD<br/>Shirley, Hildegard<br/>3001 54th Ave. So. Unit 1303<br/>St. Petersburg, FL 33712</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>BMD<br/>MILLER, DOROTHEA B<br/>806 15TH AVENUE SLOUTH<br/>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |  |  |  |
| <b>SIGNATURE: <i>Theresa A. Lassiter, CEO</i> 04-25-08 (727) 346-3202</b>  |   |   |  |  |  |