

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000004848**

1. Entity Name

WOMEN ALIVE, TOO, INC.

Principal Place of Business

Mailing Address

**4100 EDGEWATER DRIVE
ORLANDO FL 32804****6407 BYWOOD ROAD
ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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

**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SUZANNE 6407 BYWOOD ROAD ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Marta Rodriguez 101 South Bumby Avenue ORLANDO, FL 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKINS, JANICE 1734 SOROLLA COURT ORLANDO FL 32811 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Timothy "Tarip" Jones 4816 MIRANDA Circle ORLANDO, FL 32818 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, CANDACE 5252 LONG ROAD ORLANDO FL 32808 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Program Director Barbara Gulliam 4103 Dreyer Avenue ORLANDO, FL 32807 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Outreach, Director Hector Rodriguez 101 South Bumby Avenue ORLANDO, FL 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Outreach Elone Ferrand 6301 Lake Weston Point ORLANDO, FL 32810 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: Suzanne White 9/12/02 407-578-4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

02 OCT -7 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****8.75 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)