

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90397 015 \*\*\*\*61.25

**DOCUMENT # NO1003006690**

1. Entity Name

**WOMEN FOR GENERATIONS, INC.**

Principal Place of Business

Mailing Address

2270 WILLIAMS ST N.E.  
PALM BAY FL 329052270 WILLIAMS ST N.E.  
PALM BAY FL 32905

37008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, RUBY L  
2270 WILLIAMS ST N.E.  
PALM BAY FL 32905

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, RUBY L	
STREET ADDRESS	2270 WILLIAMS ST N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, DORIS	
STREET ADDRESS	750 REDBUD STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	LUCAS, SHARON E	
STREET ADDRESS	475 PORT MALABAR BLVD N.E.	
CITY-ST-ZIP	PALM BAY FL 32905-3711	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NEAL, ROSA	
STREET ADDRESS	3200 IDEAL AVE	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE	Treasurer / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesse L. Hollaway, Jr.	
STREET ADDRESS	2770 Williams St., N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905	

TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, JENNIFER	
STREET ADDRESS	644 DORAL LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature and Typed or Printed Name of Signing Officer or Director

6/6/02

Date

(321) 674-5093

Daytime Phone #

CR2037 (9/01)