

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

03-26-2003 90131 011 ****61.25

DOCUMENT # N02000002567

1. Entity Name

WAKULLA PROFESSIONAL AND BUSINESS WOMEN'S ASSOCIATION, INC.



Principal Place of Business
PO BOX 111
CRAWFORDVILLE FL 32326

Mailing Address
PO BOX 111
CRAWFORDVILLE FL 32326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

03-0449701

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, DORIS
2181 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name: **DAVID JANIS**
Street Address (P.O. Box Number is Not Acceptable): **121 Old Still Road**
City: **Crawfordville** FL Zip Code: **32327**

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: *Doris I. Sanders*
Signature, typed or printed name of registered agent and other applicable.

Doris I. Sanders

3/25/03

(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 Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	KING, PAMELA	
STREET ADDRESS	PO BOX 1673	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	SD	☐ Delete
NAME	SANDERS, DORIS	
STREET ADDRESS	2181 CRAWFORDVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VD	☐ Delete
NAME	DAVID, JANIS	
STREET ADDRESS	121 OLD STILL RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	☐ Delete
NAME	HALSTEAD, BEVERLY	
STREET ADDRESS	60 SOLOMONDR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	DAVID, JANIS	
STREET ADDRESS	PO BOX 1123	
CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	SD	☒ Change ☐ Addition
NAME	ELOISE WEYMOUTH	
STREET ADDRESS	PO Box 111	
CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	VD	☒ Change ☐ Addition
NAME	HOPKINS, MARLENA	
STREET ADDRESS	P.O. Box 111	
CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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: *Janis David* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03 **850 926-9755**

Date

Daytime Phone #

CR2E037 (10/02)