

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90334 012 \*\*\*\*61.25

**DOCUMENT # N03000002177**

1. Entity Name

THE HUMANITARIAN ORGANIZATION OF WOMEN, INC.



Principal Place of Business

401-B YELVINGTON AVE  
CLEARWATER FL 33755

Mailing Address

C/O TEMPLE H. DRUMMOND, ESQ  
6714-113 AVE  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

3. Mailing Address

6325 Jacqueline Arbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Temple Terrace, FL

Zip

Country

Zip

Country

33617

4. FEI Number

20-0665116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H  
6714-113 AVE  
TEMPLE TERRACE FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

6325 Jacqueline Arbor Drive

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

Temple H. Drummond, Temple H. Drummond

1/22/04

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**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BRADHAM, CAROLYN  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE Director ☐ Change ☒ Addition  
NAME Johnson, Alfreddie  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D ☒ Delete  
NAME BYERS, LEX  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME SCHIFF, LAWRENCE B.  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☒ Delete  
NAME WORKMAN, STEPHEN S  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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:

Carol Bradham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

Daytime Phone #