

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90749 017 ****61.25

DOCUMENT # N03000005169

1. Entity Name

Women of the Well Pregnancy
Crisis Center, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2631 Morrietta Lane

Suite, Apt. #, etc.

3. Mailing Address

2631 Morrietta Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

16-1631770

Applied For

Not Applicable

Zip

34286

Country

U.S.A.

Zip

34286

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Michael Rooney

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

306 E. Olympia Avenue

City

Punta Gorda

FL

Zip Code

33950

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 **P/D**
NAME Maria E. Keen
STREET ADDRESS 2631 Morrietta Lane
CITY-ST-ZIP North Port, FL 34286

TITLE **V/S**
NAME Michele Coward
STREET ADDRESS 2631 Morrietta Lane
CITY-ST-ZIP North Port, FL 34286

TITLE **T**
NAME Kathleen Bolland-Bisaha
STREET ADDRESS 2631 Morrietta Lane
CITY-ST-ZIP North Port, FL 34286

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIA E. Keen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 941-429-9647

CR2E037B (12/02)