

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

04-01-2004 90011 006 ****61.25

N08615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

DOCUMENT # N08615 1. Entity Name WOMEN'S ENERGY BANK, INCORPORATED					
Principal Place of Business 5475 14TH AVENUE N SAINT PETERSBURG FL 33710 US			Mailing Address P.O. BOX 15548 ST PETERSBURG FL 33733-5548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2597466	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DITTO, PATRICIA M 5475 14TH AVENUE NORTH SAINT PETERSBURG FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D DALY, EDITH 5038 28 AVE S GULFPORT FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINEGAN, PATRICIA 6061 SECOND ST E #56 ST. PETERS BEACH, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ANN C 6061 2ND ST. E #42 SAINT PETERSBURG BEACH FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morse, Pamela 5691 4th St. S St. Petersburg FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MARY 3514 7TH AVE. N. SAINT PETERSBURG FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURG, CAROL 626 7TH AVE. N. SAINT PETERSBURG FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTO, PATRICIA 5475 14TH AVENUE N SAINT PETERSBURG FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRKIN, JACQUELINE 5038 28TH AVE S GULF PORT FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
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: <u>Patricia M. Ditto</u> <u>Patricia M. DiTto</u> <u>30 MARCH 2004</u> <u>727-323-5706</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					