

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11412

1. Entity Name

THE LEAGUE TO AID ABUSED CHILDREN AND ADULTS, IN  
C.

Principal Place of Business

566 28TH STREET SOUTH  
P. O. BOX 76354  
ST. PETERSBURG FL 33734-6354

Mailing Address

5932 SEABIRD DR S  
ST. PETERSBURG FL 33707-3936  
US

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

59-2793837

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

COWAN, BARBARA  
ONE BEACH DRIVE, S.E. #2103  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Foster, ANN

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

5932 Seabird Dr South

St. Petersburg

City

FL

Zip Code

33707-3936

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: *Ann Foster, Treasurer*  
Signature, typed or printed name of registered agent and title if applicable.

04/15/2002  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS                | CITY-ST-ZIP                  | Delete                              |
|-------|-----------------------|-------------------------------|------------------------------|-------------------------------------|
| P     | FOSTER, ANN           | 5932 SEABIRD DR SO            | ST PETERSBURG FL 33707-3936  | <input checked="" type="checkbox"/> |
| 1VPD  | CASON-KELLY, HUGH ANN | 240 SAND KEY ESTATES DR #81   | CLEARWATER FL 33767-2932     | <input checked="" type="checkbox"/> |
| VD    | SHUH, MARY            | 4737 DOLPHIN CAY LANE, SO     | ST. PETERSBURG FL 33711-4670 | <input checked="" type="checkbox"/> |
| 3VPD  | SPIES, EDIE           | 7963 SAILBOAT KEY BLVD #802   | ST PETERSBURG FL 33707-4404  | <input checked="" type="checkbox"/> |
| SD    | MCCUNE, BERNICE       | 4710 BAY STREET NE #103       | ST PETERSBURG FL 33703-4404  | <input checked="" type="checkbox"/> |
| TD    | WEATHERBY, CYNTHIA    | 6250 #4 CAPE HATTERAS WAY, NE | ST PETERSBURG FL 33702-7048  | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE               | NAME           | STREET ADDRESS                    | CITY-ST-ZIP                   | Change                              | Addition                 |
|---------------------|----------------|-----------------------------------|-------------------------------|-------------------------------------|--------------------------|
| President           | Shuh, Mary     | 4737 Dolphin Cay Lane #602        | St. Petersburg, FL 33711-4670 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1VP                 | Barger, Joann  | 170 Brighton Blvd NE              | St. Petersburg, FL 33704-3608 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2VPD                | Clayton, Fern  | 1916 Bayou Grande Blvd, NE        | St. Petersburg, FL 33708-1911 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3VPD                | Poynter, Sally | 100 Beach Dr NE #1103             | St. Petersburg, FL 33701-3968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Recording Secretary | LaMonde, Pat   | 5950 Pelican Bay Place South #104 | St. Petersburg, FL 33707-3959 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Treasurer           | Foster, ANN    | 5932 Seabird Dr So                | St. Petersburg, FL 33707-3936 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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: *Ann Foster, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2002 727-391-1444  
Date Daytime Phone #

CR2E037 (9/01)